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ABSTRACT

This reading manual is part of the package of materials developed for use in an English for Special Purposes project that offers classes in reading, grammar, and emergency care attendant training for limited English proficient students. An official course outline and course syllabus appear first. The eight lessons provided are designed to develop vocabulary and comprehension skills. Each of the lessons includes seven exercises to reinforce the objectives presented in the lessons. Lessons two through eight contain the following exercises: predicting, studying vocabulary, applying to real-life situations, comprehending paragraphs, thinking practice, writing and imagining, and supplementary reading log and bonus words. A checklist at the beginning of each lesson allows the student to check his/her progress. Subjects covered in the lessons include understanding topics, naming topics in paragraphs, literal comprehension, medical terminology with abbreviations, finding the main ideas in different locations in a paragraph, recognizing the relationship of main ideas and details, understanding paragraphs, drawing conclusions, structure of words, critical reading, and reading rates. (YLB)

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ED299417

English for Special Purposes
Emergency Care Attendant

Reading Manual

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Communications Division

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EMERGENCY CARE ATTENDANT READING MANUAL

ENGLISH FOR SPECIAL PURPOSES
TRAINING MODEL EARLY ENTRY INTO
ALLIED HEALTH OCCUPATIONAL PROGRAMS

READING CURRICULUM DEVELOPER
Sandra Peck

January 1988

THIS PROJECT WAS FUNDED BY THE TEXAS HIGHER EDUCATION
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CARL D. PERKINS VOCATIONAL EDUCATION ACT GRANT

ENGLISH FOR SPECIAL PURPOSES/EMERGENCY CARE ATTENDANT TRAINING MODEL FOR EARLY ENTRY INTO ALLIED HEALTH OCCUPATIONAL PROGRAMS

DR. JERRY B. GATHINGS, PROJECT DIRECTOR

READING 4104
EMERGENCY CARE ATTENDANT
READING MANUAL

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* Lessons two through eight contain the following exercises:

Exercise One . . . . . Predicting

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Exercise Three . . . . . Applying to real-life situations

Exercise Four. . . . . Comprehending Paragraphs

Exercise Five. . . . . Thinking Practice

Exercise Six . . . . . Writing and Imagining

Exercise Seven . . . . . Supplementary Reading Log and Bonus Words

READING 4104

OFFICIAL COURSE OUTLINE

OFFICIAL COURSE OUTLINE

SUBJECT AREA TITLE	READING
SUBJECT AREA CODE/COURSE NUMBER	READ 4104
COURSE TITLE	READING FOR THE ESL STUDENT IV
COURSE HOURS	4 Credits, 3 Lec, 2 Lab

I. CATALOG DESCRIPTION

Students will develop cognitive ability in reading and vocabulary.
Prerequsite: ESL departmental test of English language proficiency and fifth to seventh grade reading level or READ 4103.
Corequisite: ENGL 4107 and ENGL 4108.

II. COURSE OBJECTIVES

Upon satisfactory completion of this course the student will be able to:

A. Read at a minimum of (7th) seventh grade reading level as measured by an appropriate standardized test or a reading selection chosen by the Reading Department.

B. Demonstrate a mastery of vocabulary building skills with a minimum score of 70% by:

1. Defining new words assigned by the instructor for each unit.

2. Spelling words assigned by the instructor.

3. Using context to select the correct dictionary meaning of a word.

4. Showing comprehension of vocabulary used in required readings by using vocabulary items in context exercises.

5. Distinguishing between words with multiple meanings by choosing the correct definition to suit the context of the sentences.

6. Given a list of words, applying his/her knowledge of roots, prefixes and suffixes to select appropriate definitions.

7. Given a list of homonyms, synonyms and antonyms increasing vocabulary knowledge by correctly utilizing these types of words.

8. Given a list of words, dividing them into syllables correctly.

C. Demonstrate the ability to use the dictionary pronunciation key by using a pronunciation key to rewrite a list of words written in pronunciation symbols to normal spelling with a minimum of 70% accuracy.

D. Demonstrate mastery of skills related to comprehension with a minimum score of 70% by:

1. Reading a paragraph and expressing its main idea correctly.

2. Given reading selections answering literal and interpretive comprehension questions.

3. Reading a paragraph and putting it in correct outline form.

4. Completing individualized readings assigned by the instructor.

III. UNIT TITLES

A. Unit I. Vocabulary Development

This unit will focus on helping student develop vocabulary in isolation. Student will learn the definition of words taken from text. Spelling practice will be provided.

B. Unit II. Word Analysis

The use of roots and affixes to help develop vocabulary will be introduced. Student will learn the meaning of several of the most common roots and affixes.

C. Unit III. Use of Context

The concept of context will be introduced. Use of context in reading to determine the meaning of an unfamiliar word will be the emphasis of this unit.

D. Unit IV. Antonyms Synonyms Homonyms

Knowledge of antonym, synonym, and homonym sets to improve vocabulary is the focus of this unit.

E. Unit V. Comprehension

The concepts of literal comprehension and interpretive comprehension will be explained. Exercises taken from text and exercises in reading lab assignments will be provided to help improve student's literal and interpretive comprehension skills.

IV. TEXTS AND MATERIALS

A. Required:

1. Reading 4104-Emergency Care Attendant Reading Manual (ECARM).

2. Medical Dictionary - Student's choice.

B. Student is expected to have his/her own textbooks(s) by the first class day of the third week of the semester. During the summer session student enrolled in a five week class is expected to have textbook(s) by the last day of the first week of the session. Student enrolled in a ten week course is expected to have textbook(s) by the end of the second week of the session. It is expected that the student will hand in his/her own classwork and use his/her own texts to complete exercises done in class. Students who cannot participate in classroom skill practice because they do not have their own text, will not be working towards fulfillment of course objectives and may be dropped from the class.

V. INSTRUCTOR RESOURCES

A. Instructor made handouts.

B. Instructor may call upon assigned coordinator for suggestions.

C. Supplementary material.

1. Newspapers 2 Magazines

VI. EVALUATION MEASURES

A. Preassessment:

A form of the Nelson Reading Test will be administered to determine each student's reading level. The results will be used to assure that the student is assigned the appropriate reading laboratory materials.

B. Grading Assignments and Criteria:

Upon attainment of (7th) seventh grade reading level, grades will be assigned according to the criteria that follows:

1. <u>Weighing</u>

Vocabulary	30%
Tests	30%
Class Assignments/Lab Work	30%
Participation	10%
	100

2. Grading Scale

90 - 100 = A
80 - 89 = B
70 - 79 = C
60 - 69 = D
Below 60 = F
Withdrawal = W
Incomplete = I

C. Attendance and Course Pursuit:

1. Attendance:

Students are expected to attend classes regularly beginning the the first day of class. An accurate record of student attendance will be kept by the instructor. It is the student's responsibility to consult with the instructor regarding excused absences. The instructor will provide an opportunity for a student who presents a reasonable excuse to make up missed course work.

The instructor has full authority to drop the student with excessive absences when, in the assessment of the instructor, the student is unlikely to complete the objectives of the course. Students will be dropped from class by instructor notification of the Admissions and Records Office when the unexcused absences accumulated reach the number of class meetings per week. Instructors are authorized to refuse to admit students who are tardy.

2. Course Pursuit:

A student also may be dropped from a course for: (1) disruptive behavior; (2) the failure of the student to appear for examinations, presentations, or other required class activities as identified in the course syllabus; and (3) the failure of the student to submit required papers, projects, and/or reports.

3. Classroom Management:

It is the instructor's responsibility to maintain an environment in the classroom which is conducive to learning and class participation by all students. Unruly and uncooperative behavior by any student will not be tolerated. The instructor has full authority to deny a student admittance to class for reason of disruptive behavior, after conferring with the Discipline Coordinator.

Only persons who are registered and enrolled as students in the class are authorized admittance.

4. Reinstatement:

The student who seeks reinstatement must appeal in writing within ten days from the date the drop form was received by the Admissions and Records Office, and must observe the following procedure.

a. First the student appeals directly to his/her instructor who will review both the attendance record and the student's academic policy. In most instances the decision of the instructor is final.

b. If further appeal is desired, the student must next schedule an appointment with the Discipline Coordinator who will review the circumstances of the withdrawal and make a recommendation to the instructor.

c. If still further appeal is desired, the student will schedule an appointment with the Division Chair who will review the circumstances of the withdrawal in consultation with the student, instructor and Discipline Coordinator.

D. Postassessment:

A form of the Nelson Reading Test will be administered to determine whether the student attained (7th) seventh grade reading level. If student does not attain this level on the Nelson Reading Skills Test, he/she will be given the opportunity to attain such on a department prepared test. A student cannot be assigned a passing grade without having attained a (7th) seventh grade reading level.

E. Remediation:

The instructor will provide individual procedures for a student needing remediation. Such procedures may include, but are not limited to supplementary assignments, or referral to the College Tutorial Services and Referral for computer assisted instruction.

READING 4104

COURSE SYLLABUS

COURSE SYLLABUS

I. COURSE TITLE AND NUMBER

Reading for the ESL Student IV, Reading 4104.

II. RATIONALE

Reading 4104 is designed for non-native English speaking students to continue to develop fundamental reading skills necessary for an Emergency Care Attendant.

III. COURSE OBJECTIVES

Upon satisfactory completion of this course the student will be able to:

A. Read at a minimum of (7th) seventh grade reading level as measured by an appropriate standardized test or on a reading selection chosen by the Reading Department.

B. Demonstrate mastery of vocabulary building skills with a minimum score of 70% by:

1. Defining new words assigned by the instructor for each unit.

2. Spelling words assigned by the instructor.

3. Using context to select the correct dictionary meaning of a word.

4. Showing comprehension of vocabulary used in required readings by using vocabulary items in context exercises.

5. Distinguishing between words with multiple meaning by choosing the correct definition to suit the context of the sentences.

6. Given a list of words, applying his/her knowledge of roots, prefixes and suffixes to select appropriate definitions.

7. Given lists of homonyms, synonyms and antonyms increasing vocabulary knowledge by correctly utilizing these types of words.

8. Given a list of words, dividing them into syllables correctly.

C. Demonstrate the ability to use the dictionary pronunciation key by using a pronunciation key to rewrite a list of words written in pronunciation symbols to normal spelling with a minimum of 70% accuracy.

D. Demonstrate mastery of skills related to comprehension with a minimum score of 70% by:

1. Reading a paragraph and expressing its main idea correctly.

2. Given reading selections answering literal and interpretive comprehension questions.

3. Reading a paragraph and putting it in correct outline form.

4. Completing individualized reading exercises assigned by the instructor.

IV. INSTRUCTIONAL METHODOLOGY

A. Lecture and AV media.

B. Small group instruction.

C. Individualized instruction.

D. Laboratory instruction.

V. LEARNING ACTIVITIES

Refer to course calendar for learning activities.

VI. EVALUATION MEASURES

A. Preassessment:

A form of the Nelson Reading Test will be administered to determine the student's reading level. The results will be used to assure that the student is assigned the appropriate reading materials.

B. Grading Assignments and Criteria:

Upon attainment of (7th) seventh grade reading level, grades will be assigned according to the criteria that follows:

1. Weighing

Vocabulary	30%
Tests	30%
Class Assignments/Lab Work	30%
Participation	10%
Total	100

2. Grading Scale

90 - 100 = A
80 - 89 = B
70 - 79 = C
60 - 69 = D
Below 60 = F
Incomplete = I
Withdrawal = W

C. Attendance and Course Pursuit:

1. Attendance:

Students are expected to attend classes regularly beginning the first day of class. An accurate record of student attendance will be kept by instructor. It is the student's responsibility to consult with the instructor regarding excused absences. The instructor will provide an opportunity for a student who presents a reasonable excuse to make up missed course work.

The instructor has full authority to drop the student with excessive absences when in the assessment of the instructor, the student is unlikely to complete the objectives of the course. Students will be dropped from class by instructor notification to the Admissions/Records Office when the unexcused absences accumulated reach the number of class meetings per week. Instructors are authorized to refuse to admit students who are tardy.

2. Course Pursuit:

A student also may be dropped from a course for: (1) the failure of the student to appear for examinations, presentations, or other required class activities as identified in the course syllabus; and (2) the failure of the student to submit required papers, projects and/or reports.

3. Classroom Management:

It is the instructor's responsibility to maintain an environment in the classroom which is conducive to learning and class participation by all students. Unruly and uncooperative behavior by any student will not be tolerated. The instructor has full authority to deny a student admittance to class for reason of disruptive behavior, after conferring with the Discipline Coordinator.

Only persons who are registered and enrolled as students in the class are authorized admittance.

4. Reinstatement:

The student who seeks reinstatement must appeal in writing within ten days from the date the drop form was received by the Admissions and Records Office, and must observe the following procedure:

a. First the student appeals directly to his/her instructor who will review both the attendance record and the student's academic progress. In most instances the decision of the instructor is final.

b. If further appeal is desired, the student must next schedule an appointment with the Discipline Coordinator who will review the circumstances of the withdrawal and make a recommendation to the instructor.

c. If still further appeal is desired, the student may schedule an appointment with the Division Chair who will review the circumstances of the withdrawal in consultation with the student, instructor and Discipline Coordinator.

D. Postassessment:

A form of the Nelson Reading Test will be administered to determine whether the student attained (7th) seventh grade reading level. If student does not attain his level on the Nelson Reading Test, he/she will be given the opportunity to attain such on a department prepared test. A student cannot be assigned a passing grade without having attained a seventh (7th) grade reading level.

E. Remediation:

The instructor will provide individual procedures for students needing remediation. Such procedures may include, but are not limited to supplementary assignments, referral to the College's Tutorial Services and referral to the Retention Action Program for computer assisted instruction.

VII. TEXTS AND MATERIALS

A. Required:

1. Reading 4104 Emergency Care Attendant Reading Manual (ECARM).

2. Medical Dictionary - Student's choice.

B. Student is expected to have his/her own textbook(s) by the first class day of the second week of the session. It is expected that the student will hand in his/her own classwork and use his/her own texts to complete exercises done in class. Students who cannot participate in classroom skill practice because they do not have their own text, will not be working towards fulfillment of course objectives and may be dropped from the class according to the teacher's discretion.

VIII. **INSTRUCTOR'S NAME:**

OFFICE NUMBER:

PHONE NUMBER:

OFFICE HOURS:

IX. CALENDAR

WEEK

1. Testing
   Orientation
   Vocabulary and Comprehension — Lesson 1 Emergency Care Attendant Reading Manual (ECARM)

2. Testing and Informal Reading Inventory
   Vocabulary and Comprehension — Lesson 1 (ECARM)

3. Understanding Topics
   Vocabulary and Comprehension — Lesson 2 (ECARM)

4. Naming Topics in Paragraphs
   Vocabulary and Comprehension — Lesson 2 (ECARM)
   Supplementary Readings
   Bonus Words

5. Literal Comprehension
   Test: Vocabulary and Comprehension
   Vocabulary and Comprehension — Lesson 3 (ECARM)
   Supplementary Readings

6. Medical Terminology with Abbreviations
   Vocabulary and Comprehension — Lesson 3 (ECARM)
   Supplementary Readings

7. Finding the Main Ideas in Different Locations in a paragraph
   Vocabulary and Comprehension — Lesson 4 (ECARM)
   Supplementary Readings

8. Recognizing the Relationship of Main Ideas and Details
   Test: Vocabulary and Comprehension
   Vocabulary and Comprehension — Lesson 4 (ECARM)
   Supplementary Readings
   Bonus Words

9. Understanding Paragraphs
   Vocabulary and Comprehension — Lesson 5 (ECARM)
   Supplementary Readings

10. Drawing Conclusions
    Test: Vocabulary and Comprehension
    Vocabulary and Comprehension — Lesson 5 (ECARM)
    Supplementary Readings
    Bonus Words

11. Structure of Words
    Vocabulary and Comprehension — Lesson 6 (ECARM)
    Supplementary Readings

12. Drawing Conclusions
    Vocabulary and Comprehension — Lesson 6 (ECARM)
    Supplementary Readings

13. Critical Reading
    Test: Comprehension and Vocabulary
    Vocabulary and Comprehension — Lesson 7 (ECARM)
    Supplementary Readings

14. Critical Reading
    Vocabulary and Comprehension — Lesson 7 (ECARM)
    Supplementary Readings
    Bonus Words

15. Reading Rates
    Vocabulary and Comprehension — Lesson 8 (ECARM)
    Supplementary Readings

16. Finals Week
    Vocabulary and Comprehension — Lesson 8 (ECARM)
    Supplementary Readings
    Bonus Words

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READING 4104 - EMERGENCY CARE

ATTENDANT COURSE

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Dedicated to future Emergency Care Attendants in the English for Special Purposes Project with a special thanks to the first seven students - Maria, Lupe, Josefina, Marcelino, Fidel, Miguel, and Antonio.

Into the night on another call
red light pulsing its steady beat,
while somewhere on a rain slick street
a young man's heart is weakening.

The siren screams its warning out,
passing drivers Fate has spared.
The one in pain lies cold and scared
a rasping in his breathing.

At the scene our ambulance rests,
warmhearted beast poised for flight.
We kneel to help, stablize, fight
the creeping darkness closing in.

Into the ambulance our fragile load,
he's going to make it - we dare to smile,
cheating fate for a few more miles,
till the run is over, and the battle won.

Laura Rader
Oceanside, California

Reprinted from Emergency Magazine November, 1986

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Dear Student,

Welcome to the opportunity to study your career choice while continuing to develop language and reading skills. You have been chosen to participate in the English for Special Purposes Project which offers the following new classes: Reading, Grammar, and the Emergency Care Attendant Course. Combining Reading and Language Instruction with Vocational Education Courses is an exciting new concept designed to prepare you to enter the occupational field as soon as possible.

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In the Reading Course you will study Eight Lessons designed to develop Vocabulary and Comprehension Skills. Each of the lessons includes Seven Exercises to reinforce the objectives presented in the Lessons. Reading from newspapers and magazines, Vocabulary activities, anticipation practice, individualized reading assignments, and reading rate exercises will addict you to reading while having fun and preparing you for your occupation as an Emergency Care Attendant. The activities are written to be helpful and meaningful in your everyday life as well as to provide vocabulary and comprehension gains for a lifetime. Developing enriched vocabulary, spelling competence, and comprehension or understanding of the reading selections is essential in modern society. Each lesson includes Reading, Writing, Listening, Speaking, and Thinking Practice competencies which are required for success in vocational endeavors and to function as effective citizens in the society of today.

Good Luck! You are ready to begin your opportunity for the stimulation of thought through reading instruction.

Best Wishes,

Your Instructor

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READING 4104

LESSON 1

READING 4104
LESSON 1
CHECKLIST

NAME: _____

DATE: _____

I. Check off each activity as you complete it.

	DATE COMPLETED
1. EXERCISE ONE	_____
2. EXERCISE TWO	_____
3. EXERCISE THREE	_____
4. EXERCISE FOUR	_____
5. EXERCISE FIVE	_____
6. EXERCISE SIX	_____
7. EXERCISE SEVEN	_____

II. COMMENTS

_____

_____

_____

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LESSON 1
EXERCISE ONE

****

Dear Future Emergency Care Attendant,

You are now entering the exciting and rewarding occupational training for the Emergency Medical Technician. The following letter will describe your work, qualifications, employment, working conditions, opportunities for advancement, earnings, and related occupations.

SOURCE: OCCUPATIONAL OUTLOOK HANDBOOK
U.S. Department of Labor
Bureau of Statistics
1986-87 Edition
BULLETIN 2250

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Starting Time: _____

NATURE OF THE WORK OF EMERGENCY MEDICAL TECHNICIANS

An automobile accident, a heart attack, a near drowning, an unscheduled childbirth, a poisoning, a gunshot wound - all of these handled on television have made millions of Americans aware of the crucial role played by Emergency Medical Technicians (EMT's), formerly called ambulance attendants.

A call from a dispatcher sends EMT's - who work in teams of two to the scene of the emergency. Although speed is essential, EMT's obey the traffic laws for the operation of emergency vehicles. They also must know the best route to take in the face of traffic, road construction, and weather conditions.

Upon arriving at the scene, the driver parks the ambulance in a safe place to avoid accidents. If no police are present, bystanders may be enlisted to lend a hand. For instance, in the case of an automobile accident, bystanders

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can help control traffic by placing road flares, removing debris, and redirecting traffic.

EMT's first determine the nature and extent of the victim's illness or injuries and establish priorities for emergency medical care. They look for medical identification emblems that denote if the victim has epilepsy, diabetes, or other medical conditions, so they can provide the correct treatment. EMT's give appropriate emergency care, including opening and maintaining an airway, restoring breathing, controlling bleeding, treating for shock, immobilizing fractures, bandaging, assisting in childbirth, managing mentally disturbed patients, treating and resuscitating heart attack victims, and giving initial care to poison and burn victims.

When persons are trapped, such as in an automobile accident, EMT's face a double problem. First, they must assess the victims' injuries and supply all possible emergency medical care and protection to the trapped persons. Then they must use the correct equipment and techniques to remove the victims safely. EMT's may request additional help or special rescue or utility services by radio or telephone from a dispatcher.

In case of death, EMT's notify the proper authorities and arrange for the protection of the deceased's property.

When patients must be transported to a hospital, EMT's place the patients on stretchers, lift them into the ambulance and secure both the patients and the stretchers for the ride. EMT's then drive to the hospital their instructions call for, or, if none has been stipulated in advance, they choose the nearest hospital appropriately equipped to treat their patients. To assure prompt treatment upon arrival, EMT's report by radio directly to the hospital emergency department about the nature and extent of injuries or

****

illness and the number of persons being transported, or they may relay this information and their destination to the emergency medical staff.

On the way to the emergency department, EMT's monitor patients' vital signs and give additional care as needed or as directed by a physician with whom they have radio contact.

Some EMT's work in large hospital shock trauma units which use helicopters to transport critically ill or injured patients. Upon receiving a call for help, the helicopter transports the EMT's to a point as close to the accident as possible. Once at the site of the accident, they perform all the standard emergency duties: treating and loading patients and monitoring them during the trip to the hospital. Because operating costs are so high, helicopters are usually reserved for patients who require the immediate or specialized attention available only for shock victims.

Upon arrival at the hospital, EMT's help transfer patients from the ambulance to the emergency department. They report their observations and care of the patients to the emergency department staff for diagnostic purposes and as a matter of record. EMT's may help the emergency department staff.

One of the duties of EMT's is to maintain a clean, well-equipped ambulance. After each run, EMT's replace the use of linen, blankets, and other supplies, send reuseable items to be sterilized, and carefully check all equipment so that the ambulance is ready for the next trip. If they have carried patients who have a contagious infection, they decontaminate the interior of the ambulance and report such calls to the proper authorities. In cases of radiation contamination, they seek special experts to remove the radiation. EMT's make sure that the ambulance is in good operating condition

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by checking the gasoline, oil, tire pressure, lights, siren, heater, brakes, and communications equipment before their shift begins.

In addition to the basic EMT, whose work has been described, there are two other types of EMT's: EMT-Intermediates and EMT-Paramedics. EMT-Intermediates possess a wider range of medical skills than the basic EMT and are certified to assess trauma patients, administer intravenous therapy, and use antishock garments and esophageal airways.

The EMT-Paramedic is trained in the most advanced life support skills while working with radio communication under the direction of a physician. EMT-Paramedics may, depending on State law, administer drugs, both orally and intravenously, use more complex equipment such as a defibrillator, and perform the most advanced prehospital procedures allowed by law.

Finishing Time_____minutes

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1. What is the nature of the work of Emergency Medical Technicians?

_____

_____

_____

_____

2. The main idea or topic of paragraph one is:_____

_____

_____

3. Describe the differences in the work of the EMT, EMT-Intermediate, and EMT-Paramedic.

EMT:_____

_____

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EMT-Intermediate: _____

_____

EMT-Paramedic: _____

_____

List ten important facts you learned from reading the Nature of the Work of the Emergency Medical Technicians.

Write the answers in complete sentences. Paraphrase the answers using your own words.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Your comments about the article: _____

_____

_____

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LESSON 1

EXERCISE TWO

****

Because EMT's must treat patients indoors and out, they are exposed to all kinds of weather. Much of their time is spent standing, kneeling, bending, or lifting. At times the work is very strenuous and stressful.

EMT's employed by fire departments often have a 56-hour work-week. Those employed by hospitals, private firms, and police departments usually work 40 hours a week. Some EMT's, especially those in police and fire departments, have to be on call for extended rounds. Volunteer EMT's have varied work schedules; but many put in from 8 to 12 hours a week. Because many ambulance services function 24 hours a day, EMT's often work nights and weekends. Irregular working hours add to the stress of the job.

Employment

In 1984 there were an estimated 47,000 paid EMT's a small number of whom were EMT-Paramedics.

Paid EMT's are distributed about equally among private ambulance services, hospitals, and municipal police and fire departments.

Not surprisingly, volunteers are generally basic EMT's. Those with more education and training, such as EMT-Intermediates, are more likely to hold a paid position. At the highest level, EMT-Paramedic, relatively few are volunteers.

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Write a summary or a paragraph about Working Conditions and/or Employment. Include the Main Ideas written in your own words.

Working conditions: _____

_____

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Employment: _____

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TRAINING, OTHER QUALIFICATIONS, AND ADVANCEMENT

Few EMT's received formal training until recent years. Now instructions in emergency medical care techniques is mandatory. A national standard training course is the 110-hour program designed by the U.S. Department of Transportation. This program, or its equivalent, is available in all 50 States and the District of Columbia. It is offered by police, fire, and health departments; in hospitals, and as a non-degree course in medical schools, colleges, and universities.

This course provides instruction and practice in dealing with emergencies such as bleeding, fractures, airway obstruction, cardiac arrest, and emergency childbirth. Students learn to use and care for common emergency equipment, such as back boards, suction machines, splints, oxygen delivery systems, and stretchers. Physicians, nurses, and experienced EMT's usually give the lectures and demonstrations.

After completing the basic EMT program, students may take a 2-day course dealing with the removal of trapped victims, as well as a 5-day course on driving emergency vehicles.

EMT-Intermediates must have basic EMT training plus some of the EMT-Paramedic courses. The additional training includes instruction in patient assessment as well as the use of esophageal airways, intravenous fluids, and antishock garments.

Training programs for EMT-Paramedics, of which there were about 440 in 1985, generally last from 3 to 5 months. The American Medical Association's Committee on Allied Health Education and Accreditation accredits these

programs. In many places, refresher courses and continuing education are available to EMT's.

Although requirements vary, applicants to an EMT training course generally must be at least 18 years old, have a high school diploma or the equivalent, and have a valid driver's license. Among high school subjects recommended for persons interested in the field are driver education and health and science courses. Training in the Armed Forces as a "medic" is good preparation for prospective EMT's.

Graduates of aproved EMT training programs who meet certain experience requirements and pass a written and practical examination administered by the National Registry of Emergency Medical Technicians earn the title of Registered EMT-Ambulance. To maintain their proficiency, EMT's must register again every 2 years.

The level of registration for EMT-Intermediate is above that for basic EMT's, but below that for EMT-Paramedics. The examination covers the first part of the EMT-Paramedic training curriculum and builds upon the basic EMT skill levels. Current registration or certification at the basic EMT level is a prerequisite.

Although not a general requirement for employment, registration is acknowledgement for an EMT's qualifications and makes higher paying jobs easier to obtain. In 1985, about 59,000 basic EMT's were registered.

In addition, all 50 States have some kind of certification procedure. In 24 States, registration with the National Registry is required at some or all levels of certification. Fifteen other states require the choice of their own certification examination or the National Registry Examination.

EMT's should have good dexterity and physical coordination. They must be able to lift and carry up to 100 pounds. EMT's need good eyesight (corrective lenses may be used) with accurate color vision.

Because EMT's often work under trying conditions, they must exercise good judgement under stress and have leadership ability. Emotional stability and the ability to adapt to many different situations help them handle difficulties. They should have a neat and clean appearance and a pleasant personality.

****

Outline Training, other Qualifications, and Advancement

Example: Use Roman Numerals I, II, III, and IV as well as the subdivisions such as A, B, C, etc.

I.

A.

B.

****

JOB OUTLOOK

Employment of EMT's is expected to grow more slowly than the average for all occupations through the mid-1990's. Conflicting forces will shape the job outlook. On the one hand, population growth and especially an increase in the number of older people are expected to spur demand for EMT's. The very rapid increase in the population age 75 and above, for example, will lead to greater use of ambulance services. Developments in the field of emergency medicine are likely to heighten demand as well. As more physicians and nurses specialize in emergency medicine, appropriately trained EMT's are likely to be used more effectively. Upgrading of the profession is expected to stimulate job growth for paid EMT's.

Other factors are likely to constrain job growth, however, of foremost importance is the rising cost of training and equipping EMT's. Cost containment will doubtless remain a preoccupation of emergency medical service providers for some time to come. The clinical value of EMT services accordingly will be weighed against the cost to a greater extent than was true in the past. Other factors that may adversely affect demand for EMT's include the termination of Federal startup funds for community EMT services, taxpayer resistance to increased local government expenditures, and the availability of unpaid volunteers.

Opportunities for paid EMT's are expected to be best in municipal governments and hospitals. In many localities, taxpayers have come to regard emergency medical services as a basic municipal service as essential as police and fire protection, for example; competition for municipal jobs will remain

keen, however, reflecting the abundance of applicants who vie for these jobs.

Those hospitals that expect emergency medical services to be potentially profitable are likely to expand their programs, putting them in direct competition with private ambulance services in some cases. Few of the new jobs for EMT's will be found in private ambulance companies, reflecting the difficulty many companies are expected to encounter in covering training and operating costs. Some companies will go out of business.

In addition to job openings created by increased demand from municipal and hospital employers, many openings will occur due to replacement needs resulting from the relatively high level of turnover in this occupation.

****

WRITE NOTES FROM THE JOB OUTLOOK EXERCISE

****

****

LESSON 1

EXERCISE FIVE

****

EARNINGS

Earnings of EMT's depend on the employment, setting, and geographic location as well as the individual's training and experience. According to a 1984 survey by the Journal of Emergency Medical Services (JEMS), annual average earnings for an EMT-Ambulance (basic) were $14,520; for an EMT-Intermediate, $14,716; and for an EMT-Paramedic, $18,540.

EMT's working for police and fire departments usually are paid the same salaries as firefighters.

The employee benefits offered by private companies, such as vacation, sick leave, and health insurance, vary widely. EMT's employed by hospitals and police and fire departments receive the same benefits as the other employees.

****

****

FILL IN THE MISSING WORDS

EARNINGS

Earnings of EMT's depend on the employment, setting and geographic location as well as the individual's training and experience. According to a 1984 survey by 1.____________________ Journal of Emergency Medical Services (JEMS), 2. ____________________ average earnings for an EMT-Ambulance (basic), 3. ____________________ $14,520; for EMT-Intermediate, $14,716; and 4. ____________________ an EMT-Paramedic, $18,540.

EMT's working for 5. __________________________ and fire departments usually are paid 6. ____________________ same salaries as police officers and firefighters. 7. ____________________ employee benefits offered by private companies, 8. ____________________ as vacation, sick leave, and health 9. ____________________ vary widely. EMT's employed by hospitals 10. ________________________ police and fire departments receive the same benefits as the other employees.

Investigate the average earnings and benefits for EMT's in your area. Write a paragraph describing the career opportunities.

____

____

____

____

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****

LESSON 1
EXERCISE SIX

****

RELATED OCCUPATIONS

Other workers in occupations that require quick and level-headed reactions to life-or-death situations are police officers, firefighters, and registered nurses.

SOURCES OF ADDITIONAL INFORMATION

Information concerning training courses, registration, and job opportunities for prospective EMT's can be obtained by writing to the Emergency Medical Service Director of your State.

Information about the registration of EMT's also is available from:

National Registry of Emergency Medical Technicians
P.O. Box 29233
Columbus, Ohio 43229

General information about EMT's is available from:

National Association of Emergency Medical Technicians
P.O. Box 334
Newton Highlands, Mass. 02161-0334

****

I hope you have become more knowledgeable about your career choice. Information has included discussions about the nature of the work, working conditions, equipment, training, other qualifications, and advancement, the job outlook, earnings, related occupations, and sources for additional information.

Sincerely,

Your Instructor

****

****

P.S. Don't forget to write to the two addresses listed above to request more information about EMT's.

****

EXAMPLE:

Dear Sir:

Please send information about address the registration process of EMT's.

Thank you.

Sincerely,

Jose Chacon

****

****

USE A POSTCARD TO REQUEST MORE INFORMATION ABOUT THE REGISTRATION OF EMT'S AND TO REQUEST GENERAL INFORMATION ABOUT EMT'S. SHOW THE POSTCARDS TO THE INSTRUCTOR.

EXAMPLE:

National Registry of Emergency
Medical Technicians
P.O. Box 29233
Columbus, Ohio 43229

****

****

LESSON 1
EXERCISE SEVEN

****

Now that you know all about the Emergency Care Attendant's Career write a paragraph of approximately 50 words about why you chose to study the career.

****

****

Write a second paragraph telling what you like about reading, your strengths and what you need to know to improve your reading skills.

****

****

Take the Reading Attitude Scale:

NAME: _____ DATE: _____

LESSON: A SCALE TO MEASURE ATTITUDES TOWARD READING

Reprinted with permission from The Elementary Reader - A Handbook for the Teacher.

Attitude Scale

A = strongly agree

B = agree

C = undecided

D = disagree

E = strongly disagree

_____ 1. Reading is for learning but not for enjoyment

_____ 2. Money spent on books is well-spent.

_____ 3. There is nothing to be gained from reading books.

_____ 4. Books are not interesting to me.

_____ 5. Reading is a good way to spend spare time.

_____ 6. Sharing books in class is a waste of time.

_____ 7. Reading is fun.

_____ 8. Reading is only for students interested in high grades.

_____ 9. Books aren't usually good enough to finish.

_____ 10. Reading is rewarding to me.

_____ 11. Reading becomes boring or uninteresting after about an hour.

_____ 12. Most books are too long and dull.

_____ 13. Free reading doesn't teach anything.

****

_____ 14. There should be more time for free reading during the school day.

_____ 15. There are many books which I hope to read.

_____ 16. Reading should not be read except for class requirements.

_____ 17. Reading is something I can do without.

_____ 18. A certain amount of summer vacation should be set aside for reading.

_____ 19. Books make good presents.

_____ 20. Reading is dull.

RESULTS OF ATTITUDE SCALE

****

Record your Nelson Reading Test Information or any other Test Information that might be helpful to the instructor.

Name: _____ Date: _____

Major: _____

Name of Test: _____ Form: _____

Results: _____ Vocabulary: _____ Comprehension: _____

Total: _____

(Where tested: _____
or instructor's name)

****

Informal Reading Assessments: _____

_____

_____

_____

_____

Instructor's Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

****

LESSON 1
TEST

SENTENCE READING

Read each sentence carefully and decide whether it is true (write the whole word) or false (write the word false). You will have three minutes.

Example: True The opposite of conscious is unconscious.

_____ 1. The First Responder is always at the scene first.

_____ 2. ECA staff usually are composed of more men than women.

_____ 3. All patients give actual or real consent.

_____ 4. There are three syllables in the word emergency.

_____ 5. An automobile accident, a heart attack, a near drowning, an unscheduled childbirth, a poisoning, and a gunshot wound are emergency situations that require immediate medical attention.

_____ 6. Bystanders are not necessarily useless at an automobile accident scene.

_____ 7. Most Americans are aware of the roles of the emergency medical technician due to the influence of television.

_____ 8. Stretchers necessarily make patient transportation to the hospital easier.

_____ 9. In the case of death the EMT guarantees the protection of the deceased's property.

_____ 10. If one hospital is 3 miles from the accident and another is 4 miles, they are equally distant.

_____ 11. ECA's are always trained and skillful at first determining the nature and extent of the victim's illnesses or injuries.

_____ 12. ECA's can be trained to establish priorities for emergency medical care.

_____ 13. Road flares can be seen easily in clear weather.

_____ 14. The ECA who obeys traffic laws never has an accident.

_____ 15. ECA's always are able to remember to look for a medical identification emblem.

AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

_____ 16. The hours of an ECA employed by a fire department often exceed those of ECA's employed by private firms.

_____ 17. Volunteers who are basic EMT's tend to occupy the highest paid positions.

_____ 18. When persons are trapped in an automobile accident the job of the EMT is described properly as assessment of the victim's injuries, protection to the trapped individuals and provision of all possible emergency medical care.

_____ 19. EMT's often become the vital link who request additional help or special rescue or utility services by radio or telephone from a dispatcher.

_____ 20. EMT's prefer to decontaminate the interior of the ambulance and report calls of patients who have a contagious infection to the proper authorities.

_____ 21. Helicopters sometimes serve as transportation for patients who require immediate or specialized attention available only at a shock trauma unit.

_____ 22. Mandatory training in emergency medical care precedes certification as an ECA.

_____ 23. An individual not without emotional stability and the ability to adapt to many different situations is an entirely qualified applicant for the job.

_____ 24. EMT-Intermediate candidates require additional training in patient-assessment, the use of esophageal airways, intravenous fluids and antishock garments.

_____ 25. Sometimes the earnings of EMT's depend upon the employment setting and geographic location rather than just the individual's training and experience.

__________ TOTAL NUMBER CORRECT

AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

****

LESSON 1
TEST

****

VOCABULARY TEST

Write the letter of the correct answer on the blank in front of the number. You will have two minutes.

EXAMPLE: An EMT dispatcher is a (a) messenger.

a. messenger b. foreigner
c. suspect d. patient
e. employer

_____ 1. an unscheduled childbirth

a. not planned
b. reported
c. on-time delivery
d. none of the above
e. all of the above

_____ 2. urgent medical attention

a. response within an hour
b. right now or immediately
c. an emergency situation
d. letters a and c
e. letters b and c

_____ 3. Crucial role played by EMT's

a. adverse acting
b. character
c. critical part
d. none of the above

_____ 4. speed is essential

a. not important
b. nonessential
c. unnecessary
d. absolutely necessary

****

****

_____ 5. removing debris from the road

a. precautionary wrong doing
b. way to compensate
c. getting rid of rubbish, pieces of metal, stone, glass, and wood
d. to receive information

_____ 6. immobilizing patient fractures

a. stabilize
b. firmly place
c. make motionless
d. all of the above

_____ 7. resuscitating heart attack victims

a. to quiet or still
b. undisturbed
c. giving no rest
d. to revive when apparently dead

_____ 8. protection of the deceased's property

a. disposal of
b. dead person's belongings
c. giving first consideration to the dead
d. none of the above

_____ 9. has been stipulated

a. definitely arranged
b. specified
c. stated as a part of an essential condition
d. all of the above

_____ 10. EMT's monitor patients

a. to watch
b. to check
c. a device for regulating a machine
d. a warn about

_____ 11. a shock trauma unit

a. a disorder of the blood circulation
b. produced by hemorrhage, disturbance of heart function, etc.
c. a bodily injury
d. an emotional shock
e. all of the above
f. only letters a and c

****

****

_____ 12. a contagious infection

a. a disease that spreads to others
b. to contaminate
c. to decontaminate
d. none of the above

_____ 13. the interior of the ambulance

a. the outside
b. the inside
c. the back of the vehicle
d. none of the above

_____ 14. administer intravenous therapy

a. a type of treatment for a mentally disturbed individual
b. treatment given orally
c. to give treatment into the vein
d. none of the above

_____ 15. complex equipment such as a defibrillator

a. removal of pressure
b. intersection
c. an electric shock
d. machine for removing victims trapped in an automobile

_____ 16. prehospital procedures

a. admission
b. payment of all bills
c. stay in hospital
d. treatment after hospital release

_____ 17. strenuous and stressful

a. none of the above
b. important
c. effortless and important
d. tense and requiring great effort

_____ 18. irregular hours of employment

a. not standard
b. not uniform hours
c. conforming to established rule
d. none of the above
e. all of the above
f. letters a and b
g. letters a and c

****

****

_____ 19. <u>municipal</u> police and fire departments

a. local
b. concerning a city or a town
c. having its own government
d. all of the above
e. none of the above

_____ 20. good <u>dexterity</u>

a. skill in using one's hand
b. skill in using one's body
c. skill in using one's mind
d. adroitness
e. all of the above
f. two of the above

_____ TOTAL NUMBER CORRECT

****

Discuss the time limit and predict your performance on the multiple choice vocabulary test.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

****

****

LESSON 1
TEST

****

CLOZE TEST (COMPREHENSION)

EMT's first determine the nature and extent of the victim's illnesses or injuries and establish priorities for emergency medical care.

They look for medical identification emblems 1. _____ denote if the victim has epilepsy, 2. _____ other medical conditions, so they can 3. _____ the correct treatment.

EMT's give appropriate 4. _____ care, including opening and maintaining an 5. _____, restoring breathing, controlling bleeding, treating for 6. _____, immobilizing fractures, bandaging, assisting in childbirth, 7. _____ mentally disturbed patients, treating and resuscitating 8. _____ attack victims, and giving initial care 9. _____ poison and burn victims.

When persons 10. _____ trapped, such as in an automobile 11. _____ EMT's face a double problem. First, 12. _____ must assess the victim's injuries and 13. _____ all possible emergency medical care to 14. _____ trapped persons. Then they must use 15. _____ correct equipment and techniques to remove 16. _____ victims safely. EMT's may request additional 17. _____ or special rescue or utility services 18. _____ radio or telephone from a dispatcher. 19. _____ case of death, EMT's notify authorities 20. _____ arrange for the protection of the deceased's property. Therefore the role of the ECA or EMT is demanding and critically important in determining patient assessment.

****

Write the answers to the Cloze Test on the following blanks:

1. _____	11. _____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10. _____	20. _____

_____ TOTAL NUMBER CORRECT

Record your opinions about the test results. Compare your predicted score with the grade.

_____

_____

_____

_____

_____

_____

_____

_____

_____

COMPREHENSION

After reading from the Occupational Outlook Handbook in Lesson 1 complete the following activities.

1. List the topic or central thought.

_____

_____

_____

2. List five important details.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

3. How important is the EMT's assessment of the nature and extent of the victim's illnesses or injuries? Why?

_____

_____

_____

4. Name the steps involved in the determination and establishment of priorities for emergency medical care.

_____

_____

_____

_____

_____

_____

READING 4104
LESSON 2
CHECKLIST

NAME: _____

DATE: _____

I. Check off each activity as you complete it.

	DATE COMPLETED
1. EXERCISE ONE	
2. EXERCISE TWO	_____
3. EXERCISE THREE	_____
4. EXERCISE FOUR	_____
5. EXERCISE FIVE	_____
6. EXERCISE SIX	_____
7. EXERCISE SEVEN	_____
	_____

II. COMMENTS

_____

_____

_____

_____

_____

****

LESSON 2
EXERCISE ONE

****

"Into the night on another call"

****

PREDICTING OR ANTICIPATING

Preview or think about the lesson and what the exercises will teach before reading Lesson 2. Survey or look quickly at each page to guess what some of the ideas you will learn about will be. Look over Lesson 2 and Exercises 1-7 for three minutes.

List the topics that you think will be included in the Lesson.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

****

Knowing what to expect first makes reading and remembering ideas easier.

****

What do you think the first line of the poem means?

"Into the night on another call"...

_____

_____

_____

****

LESSON 2
EXERCISE ONE

STUDYING VOCABULARY

Others form an impression of you through your vocabulary. School, the job, and social situations all require a good knowledge of words for effective communication. Developing good vocabulary skills requires continuous practice through the use of a sequential, well-planned method of study.

Using 3 X 5 vocabulary cards, context clues, the dictionary and understanding the structure of words are four ways to increase your vocabulary.

What do you do when you are reading and do not understand a word?

_____

_____

_____

_____

_____

Why do you want to increase your knowledge of words or your vocabulary?

_____

_____

_____

_____

_____

_____

_____

_____

_____

****

Use the 3 X 5 card method of study. Print the vocabulary word on the front of the card. Turn the card over and print the definition on the back. Use your own words. Write a sentence that shows that you understand the correct word usage. Underline the vocabulary word in the sentence. Make one card for each word.

Words that mean almost the same as the key word are called synonyms. Use synonyms to define the vocabulary word. The synonyms for the vocabulary word consent are permission and approval.

You might want to include the pronunciation, word origin, syllabication or other information on the card. Be creative and design the 3 X 5 card to include all the information you need to include to learn the word.

****

Make one 3 X 5 card for each word. You should have twelve cards to study.

1.	Emergency Care Attendant	7.	unconscious
2.	consent	8.	primary survey
3.	childbirth	9.	calm
4.	equipment	10.	ambulance
5.	bystander	11,	life-threatening
6.	patient	12.	bleeding

****

After you have made 3 X 5 cards for each word show them to another student for comments and proofreading.

Place the cards in a folder or clip them together and give them to the instructor for evaluation.

Match the vocabulary words with the correct definition after you have studied the cards and know the words well. Write the number on the blank in front of the letter.

1. bleeding	11	a.	emergency vehicle to transport injured person.
2. consent	_____	b.	an uninjured person at the emergency scene.

****

****

3.	patient	_____ c.	opposite of excited
4.	Emergency Care Attendant	_____ d.	permission to help
5.	unconscious	_____ e.	trained First Responder to the emergency
6.	calm	_____ f.	close to death
7.	equipment	_____ g.	special machines
8.	childbirth	_____ h.	red fluid from a wound or cut
9.	primary survey	_____ i.	assessment of persons injuries and vital signs
10.	bystander	_____ j.	birth of a baby
11.	ambulance	_____ k.	individual who needs help
12.	life-threatening	_____ l.	not able to talk to you; opposite of conscious

__________ TOTAL NUMBER CORRECT

Remember: Words that mean the opposite are called <u>antonyms</u>. The <u>antonym</u> of conscious is unconscious.

List other examples of antonyms.

1. conscious - unconscious
2.
3.
4.
5.
6.
7.
8.

****

****

Study the Bonus Words for Extra Points or Credit Each Week.

See the list called Bonus Words at the end of Lesson 2.

****

LEARNING ABOUT SYNONYMS

Knowing homonyms, synonyms, antonyms, and the definitions help to develop an understanding of new words.

What is a synonym? _____

What is an antonym? _____

****

Homonyms are words that sound alike but have different meanings and different spellings.

Example: The "Golden Hour" is a critical time when our life is threatened and immediate professional emergency care is necessary.

Hour and our are homonyms. Why? _____

_____

_____

****

List some homonyms you remember.

1. hour - our

2.

3.

4.

5.

6.

Write sentences on page 44 to show the meanings of the following homonyms. Use your knowledge of the Emergency Care Attendant Career to write interesting sentences.

****

PRACTICING HOMONYMS

1. great, grate — Sentence: ____________________

____

2. our, hour — Sentence: ____________________

____

3. one, won — Sentence: ____________________

____

4. road, rode — Sentence: ____________________

____

5. so, sew — Sentence: ____________________

____

6. reins, rains — Sentence: ____________________

____

7. to, two, too — Sentence: ____________________

____

8. see, sea — Sentence: ____________________

____

9. tow, toe — Sentence: ____________________

____

10. right, write — Sentence: ____________________

____

11. knew, new — Sentence: ____________________

____

12. their, there they're — Sentence: ____________________

____

****

Now practice defining phrases. Write each phrase in your own words. EXAMPLE: "load and go" - just put someone into the van and drive away without proper assessment.

1. The First Responder ______________________________

____

2. heart attack ______________________________

____

3. on - the - scence ______________________________

____

4. prompt, effective emergency medical care ______________________________

____

5. "Golden Hour" ______________________________

____

6. initiate livesaving procedures ______________________________

____

7. emergency services team ______________________________

____

8. life-threatening problems ______________________________

____

9. to invoke relaxation ______________________________

____

10. Bag-valve-mask resuscitation ______________________________

____

11. soft tissue injuries ______________________________

____

12. in - transit emergency assistance ______________________________

____

****

LESSON 2
EXERCISE TWO

SCANNING PRACTICE

Rapid reading is important in reading quickly with understanding. Scanning is rapid reading to locate a specific piece of information such as a date, number, name, amount, time, or a word.

Use scanning to practice finding the answers. Look quickly for the correct number and fill in each blank.

Two other rapid reading techniques you will learn in future lessons are surveying and skimming.

If you are asked to scan to find the number to dial to request an ambulance you should look quickly for a number. Some of the numbers on the following chart have been completed.

****

EMERGENCY NUMBERS

Scan the Telephone Directory to locate the following Emergency Numbers: (Work rapidly).

****

		TELEPHONE NUMBERS
1.	FIRE: (bomberos)	_____
2.	Non-Emergency:	_____
3.	Police/Sheriff: (Policia/Alguacil)	_____
4.	Non-Emergency: (Police)	_____
	(Sheriff)	_____
5.	Ambulance: (Ambulancia)	911
6.	Non-Emergency:	544-4159
7.	Poison Control:	_____
8.	Emergency Teletypewriter Service for the Deaf:	_____
9.	Emergency Management:	_____
10.	FBI:	_____
11.	Crisis Helpline:	_____
12.	Texas Department of Public Safety:	_____
13.	U.S. Border Patrol:	_____
14.	U.S. Customs Service :	_____
15.	U.S. Secret Service:	_____
16.	El Paso Community College: (Valle Verde Campus)	_____

****

17. Rio Grande Campus: _____

18. Transmountain Campus: _____

19. Phone Number of your Doctor: _____

20. Phone number of nearest relative or friend: _____

21. EPCC Career Center: (Valle Verde) 594-2661

22. Transmountain: 757-5111

23. Rio Grande: 534-4034

24. TEL-MED: 778-6688

25. El Paso Shelter: for Battered Women 593-7300

_____ TOTAL NUMBER CORRECT

LESSON 2

EXERCISE THREE

APPLYING TO REAL-LIFE SITUATIONS

Emergency Information is important for you, any child, a visitor, a friend, a relative, or a baby-sitter in your home.

Fill out the Emergency Information Card and tape it by the telephone. Remember that in an emergency situation seconds count! Knowing what to do may save a life.

EMERGENCY INFORMATION

Police _____

Ambulance _____

Fire Department _____

Doctor _____

In an Emergency Call:

Name _____

Address _____

Phone (home) _____
(work) _____

My name _____

Address _____

Phone (home) _____
(work) _____

IMPORTANT MEDICAL INFORMATION

_____

****

Instruct the caller to dial 911 or another emergency number, State (1) the type of emergency (medical, fire, or police), (2) give your name, (3) telephone number, (4) address of the emergency, (5) tell about the problem and do not hang up until instructed to hang up the phone.

Pretend you need to report an emergency. Make up the information for the telephone conversation.

1.
2.
3.
4.
5.

Call for emergency medical attention for any of the following problems:

1) Trouble Breathing	7) Convulsions
2) Bleeding	8) Burns
3) Confusion	9) Shock
4) Unconsciousness	10) Poisoning
5) Chest Pain	11) Drug and medicine overdose
6) Injured accidents	12) Drowning

****

****

Copies of these forms should be carried in a wallet or purse at all times.

MEDICAL ALERT

PATIENT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

TELEPHONE: (HOME) _____ (BUSINESS) _____

IN EMERGENCY PLEASE NOTIFY (NAME) _____

(TELEPHONE) _____

PHYSICIAN: _____ EMPLOYER _____

(TELEPHONE) _____ (TELEPHONE) _____

MEDICAL CONDITIONS	PRESENT MEDICATIONS	KNOWN DRUG ALLERGIES

DRUGS TAKEN BY ADULTS
(THAT REQUIRE DOCUMENTATION)

NAME: _____ DATE OF BIRTH: _____

RESIDENCE: _____

ATTENDING PHYSICIAN: _____

PHYSICIAN'S ADDRESS: _____

PHARMACIES USED: _____
PRESCRIPTION #: _____

DRUG NAME DOSAGE FORM & STR	PRESCRIBING PHYSICIAN	INDICATION FOR DRUG	DATE STARTED	DATE STOPPED	DAILY DOSE	DRUG EXPERIENCE

****

****

LESSON 2
EXERCISE FOUR

****

UNDERSTANDING TOPICS

Write the topic or several words to show the main idea of each paragraph.

Knowing the topic of a paragraph is the first step in understanding or comprehending the ideas of the author. To find the topic or subject ask ***yourself*** what is the paragraph about or what is the idea or purpose of the story? The secret for developing concentration is to read several lines and think about the subject that is being discussed. When you are searching actively for something such as the answer to what the paragraph is about you will be developing more effective skills in comprehending, learning, and remembering.

1. Topic: _____

Example: Accident and illness

Highway injuries, heart attacks, trauma, and poisonings are catastrophic accidents and illnesses that kill large numbers of people in the United States annually. Prompt on-the-scene emergency care or effective in-transit care saves lives and fatalities.

****

2. Topic: _____

The "Golden Hour" is the crucial time period when effective life-saving procedures are initiated. Six important methods are airway and respiratory intervention, cardiopulmonary resuscitation, bleeding control, special wound care such as head, chest, and abdominal wounds, stabilization of spinal injuries and splinting fractures.

****

****

3. Topic: _____

Well-trained First Responders or the elite highly trained members of the Special Services Team arrive first at the accident scene and are a part of the Emergency Care Attendant (ECA) System. Each professional is dedicated to saving lives and upholding the following Emergency Care goals:

1. To prepare properly to know what to do to avoid errors.
2. To care for patient.
3. To minimize further injury and complications.
4. To make the patient as comfortable as possible to conserve strength and reduce the possibility of shock.
5. To minimize infection.
6. To arrange and transport the patient to a medical facility in such a manner as not to complicate the injury or subject the patient to unnecessary discomfort.

****

4. Topic: _____

The Emergency Number in El Paso is 911. Dial carefully to activate the Emergency Care Attendant System. Victims of strokes, diabetic coma, insulin shock, epileptic seizures, heat exhaustion and cramps, hypothermia and frost bite need assistance from a well-trained First Responder.

****

5. Topic: _____

Triage (trē´azh), is the classification of victims in a disaster according to priority of needs for treatment. Disaster victims must be sorted or grouped in order of importance of medical care required.

****

6. Topic: _____

Legal requirements are important in any emergency situation. Actual or real consent of the victim is necessary if he/she is able to communicate.

If the patient is in danger of death his consent is implied or automatic. Help must not be forced upon a patient under any circumstances.

The First Responder is an important link in patient care from the arrival at the situation until the patient care is transferred to a qualified person.

****

The ECA must be aware of the legal requirements in an emergency situation as prosecution is possible if gross negligence, deliberate misconduct or intentional injury to the victim occur. Abandonment means that the First Responder failed to continue assistance until the patient care is transferred to a qualified individual. In summary the ECA is an important link in the Emergency Care System and must be well-informed about legal responsibilities.

_____ TOTAL NUMBER CORRECT

EXTRA CREDIT

Write or paraphrase your own paragraph.

7. Topic: _____

_____

_____

_____

_____

_____

_____

****

LESSON 2
EXERCISE FIVE

****

THINKING PRACTICE

Imagine that you are going to attend a Health Careers Conference. There are twenty special sessions.

List the topics or meetings in Alphabetical Order on pages 56 and 57. Some of the sessions have been listed for you as examples. Choose from the following subjects:

Use the dictionary to define any words you do not know.

****

a) Counseling for Health Careers
b) Pharmacy
c) Emergency Care Attendants
d) Social Work
e) Speech Pathology and Audiology
f) Veterinary Medicine
g) Dietetics
h) X-Ray Therapist
i) Medical Laboratory Technology
j) Nursing
k) X-Ray Technology
l) Psychology
m) Optometrist
n) Surgical Technology
o) Dentistry
p) Respiratory Therapy
q) Physical Therapy
r) Emergency Medical Technology
s) Medical Records Technologist
t) Registered Record Administrator
u) Ophthalmic Technologist
v) Biomedical Engineering
w) Dentist
x) Medical Assisting Technology
y) Doctor of Medicine (M.D.)
z) Vocational Nurse (LVN)

A) Optometry
B) Dental Assistant
C) Dental Lab Technologist
D) Medicine
E) Doctor of Osteopathy (D.O.)
F) Registered Nurse (BSN/ADN)
G) Medical Transcriptionist
H) Medical Records Technology
I) Dental Hygienist

****

****

HEALTH CAREERS CONFERENCE

EL PASO COMMUNITY COLLEGE
1988-1989

(Open to All Interested Persons)

SPECIAL SESSIONS

****

SESSION SUBJECT

1. Biomedical Engineering
2. Counseling for Health Careers
3. Dentistry
   a) Dentist
   b) Dental Assistant
   c) _____
   d) _____
4. Dietetics
5. _____
6. _____
7. _____
8. _____
9. Medical Records Technology
   a) Medical Records Technologist
   b) _____
   c) _____
10. Medicine
   a) Doctor of Medicine
   b) _____

****

11. Nursing

a) Registered Nurse (BSN/ADN)

b) _____

12. Optometry

a) _____

b) _____

13. Pharmacy

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. X-Ray Technology

22. _____

****

LIST THE FIVE SESSIONS YOU WOULD ATTEND

1. _____

2. _____

3. _____

4. _____

5. _____

****

Why did you select the sessions?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

****

****

Make a list using the following model for any vocabulary words you do not know from the reading lessons or supplementary readings.

__Words looked up in the Dictionary__:

1. Word: ____________________

   Definition: ____________________

   ____

   Sentence: ____________________

   ____

2. Word: ____________________

   Definition: ____________________

   ____

   Sentence: ____________________

   ____

3. Word: ____________________

   Definition: ____________________

   ____

   Sentence: ____________________

   ____

4. Word: ____________________

   Definition: ____________________

   ____

   Sentence: ____________________

   ____

This is another idea in addition to the 3 X 5 card method for learning new words.

****

LESSON 2
EXERCISE SIX

WRITING AND IMAGINING

Imagine that your are a certified Emergency Care Attendant. Write what you would do in response to the following situation.

Pvt. Bruce Phillips lay flat on his back. His arms were limp at his side. He said, "I feel like I am going to die. I can't move my legs and my right arm is bleeding. See all the blood on my sleeve."

WHAT TO DO: (WRITE COMPLETE SENTENCES)

****

Now read the entire selection from the El Paso Times called DISASTER FOR A DAY - IN A CATASTROPHE, PRACTICE MAKES PERFECT.

By Bertha Rodriguez

Pvt. Bruce Phillips lay flat on his back on a stretcher outside Sierra Medical Center.

A card attached to his shirt said he had a chest injury and would die in two minutes without medical attention.

Phillips was one of 24 soldiers who tested the emergency preparedness of Sierra Medical Center Friday during the annual National Disaster Medical System Drill in El Paso.

It is a mock drill in which disaster victims are taken to Beaumont Army Medical Center at Fort Bliss. When the hospital becomes overloaded, the extra patients are taken by vehicles and helicopters to civilian hospitals.

The exercise began at 4:00 a.m. Friday with the injured soldiers first going to Beaumont. After breaking for breakfast, the "overload" of patients was taken to other hospitals.

At Sierra Medical Center, a 60-member hospital team assessed the extent of the "I'm dead," Phillips with his arms limp at his side, as the medical team approached. The two minutes had elapsed.

"He has to go to the morgue," said Dr. Dennis Mabry, going on to the next injured soldier.

He glanced at the card of the next man, Rodney Ellis.

"This guy needs to go to surgery, " Mabry said.

The injuries ranged from minor scrapes and cuts to life-threatening chest and head wounds.

Andrea Fregly, head nurse of Sierra's emergency room personnel, said she thought the exercises went "really well."

"The patients were moved in fast. They got to the area where they needed to go. We had patients who would be already in the operating room if this were real." she said.

Eight El Paso hospitals and Memorial General Hospital in Las Cruces participated in the drill this year, said Jack Parks, head of the El Paso Emergency Management Office.

"Accredited hospitals are required to stage disaster drills three times a year. By helping the military with its drill, the hospitals get credit too," Parks said.

****

****

The hypothetical disaster Friday involved a multiweapon malfunction at McGregor Range.

Answer the following questions about the human-interest article you just read.

1. What is the title? _____

2. Who is it about? _____

_____

3. What happened? _____

_____

_____

4. When did it happen? _____

5. Where did it happen? _____

_____

6. Why was it important? _____

_____

_____

_____

7. How would you have improved the mock drill?

_____

_____

_____

_____

_____

_____

_____

****

LESSON 2
EXERCISE SEVEN

Supplementary Readings
READING LOG

Read silently for twenty minutes each day. Use the following chart to keep a record of your readings. Select articles from books, magazines, or newspapers that will add to what you learn in the classroom. Be prepared to discuss one of your Supplementary Readings in class each week. Articles may be chosen from the Emergency Care Reader.

DATE: _____ TIME OF DAY: _____

Title of Article: _____

Name of Book, Magazine, or Newspaper: _____

_____

Main Idea: _____

_____

My Opinion: _____

_____

DATE: _____ TIME OF DAY: _____

Title of Article: _____

Name of Book, Magazine, or Newspaper: _____

_____

Main Idea: _____

_____

My Opinion: _____

_____

****

BONUS WORDS

****

A list of Medical Vocabulary Terms from the Yellow Pages of an Average Telephone Book.

Define each word and use it in a meaningful sentence for extra credit each week.

****

WEEK 1

1. Internal Medicine Diagnostician
2. Neurological Surgery
3. Neurologist
4. Endoscopy
5. Podiatry
6. Podiatrist
7. Allergy

****

WEEK 2

8. Psychology
9. Pathology
10. General Surgery
11. Endocrinology
12. Gastrointestinal
13. Gastroenterology
14. Colon & Rectal Surgery
15. Obstetrics & Gynecology
16. Hematology/Oncology
17. Pulmonary Disease

****

WEEK 3

18. Laser Infertility Surgery
19. Pelvic Surgery
20. Acupuncture
21. Diseases of Infants & Children
22. Cleft Palate/Craniofacial Abnormalities
23. Cataract and Glaucoma Evaluation and Surgery
24. General Vascular or Trauma Surgery
25. Neonatology - Intensive Care
26. Pediatrics

****

****

WEEK 4

27. Nephrology
28. Cardiology
29. Anesthesia Consultants
30. Thoracic Surgery
31. Cardiovascular Disease
32. Physician
33. Plastic and Reconstruction Surgery
34. Surgeon
35. Orthopedic Surgery
36. Vascular Malformations

****

WEEK 5

37. Industrial Medicine
38. Cosmetic Facial Surgery
39. Tumors
40. Arthroscopic
41. Arthritis
42. Sports Medicine
43. Fracture Treatment
44. Congenital Problems
45. Infectious Diseases
46. Peripheral Nerves
47. Physical Therapists
48. Urology

****

WEEK 6

49. Diabetic Retinopathy
50. Physical Fitness
51. Radiology
52. Otolaryngology
53. Nuclear Medicine
54. Rehabilitation
55. Dermatology
56. Immigration and Amnesty Examinations
57. Laser Surgery for Trachea
58. Rheumatology
59. Bronchotracheal
60. Psychiatry

****

****

EXTRA CREDIT

RECORD THE GRADES FOR THE BONUS WORDS.

_____ WEEK ONE

_____ WEEK TWO

_____ WEEK THREE

_____ WEEK FOUR

_____ WEEK FIVE

_____ WEEK SIX

_____ WEEK SEVEN

_____ WEEK EIGHT

_____ WEEK NINE

_____ WEEK TEN

_____ WEEK ELEVEN

_____ WEEK TWELVE

_____ WEEK THIRTEEN

_____ WEEK FOURTEEN

_____ WEEK FIFTEEN

_____ WEEK SIXTEEN

****

READING 4104
LESSON 3
CHECKLIST

NAME. _____

DATE: _____

I. Check off each activity as you complete it.

	DATE COMPLETED
1. EXERCISE ONE	_____
2. EXERCISE TWO	_____
3. EXERCISE THREE	_____
4. EXERCISE FOUR	_____
5. EXERCISE FIVE	_____
6. EXERCISE SIX	_____
7. EXERCISE SEVEN	_____

II. COMMENTS

_____

_____

_____

_____

_____

_____

LESSON 3
EXERCISE ONE

"Red light pulsing its steady beat"

Predicting

Lesson 1 was an introduction to the Emergency Care Attendant Program. You read an article about the career, practiced some comprehension skills and study skills such as listing ideas, outlining, taking notes, requesting information, and completing an attitude survey.

Lesson 2 introduced you to the 3 X 5 card method for learning new vocabulary, predicting information, homonyms, synonyms and antonyms, writing topics, alphabetical order, scanning and supplementary reading activities. Each week you will study a lesson that contains seven exercises. Follow the Course Calendar when you are anticipating course assignments and be sure to complete the Checklist at the beginning of each weekly lesson. Remember to earn extra credit by doing the Bonus Words.

When you are learning English as a Second Language vocabulary and pronunciation are important skills. Reading a second language involves anticipating or thinking about what might happen before reading the lesson. Predicting or anticipating is similar to making an educated guess or thinking about a topic using your own background of experiences.

Anticipate some of the skills you will learn in Lesson 3. Remember to preview or survey the exercises for several minutes before writing your ideas. Include what you think the line of poetry means.

_____

_____

_____

_____

_____

_____

_____

_____

LESSON 3
EXERCISE ONE

STUDYING VOCABULARY

Another reading skill is figuring out the meaning of new words. The 3 X 5 card method was introduced in Lesson 2 and will be used in Lessons 3, 4, 5, and 6.

Use the Dictionary Information to write your 3 X 5 Vocabulary Card.

EXAMPLE:

Front

Emergency (You may include other information such as the part of speech, syllabication or pronunciation)

Back

Definition: An unforeseen happening or state of affairs. Sentence: One out of every five Americans has a medical condition that needs to be reported in an emergency.

Example of a Dictionary Entry for a Vocabulary Word:

Front

- emergency (Main entry set in dark or boldface type)
- e-mer-gen-cy (Division of syllables)

- (i mûr′ jên se) Pronunciation
- n. Part of Speech (noun)
- emergencies pl. Plural of the entry work or inflected form(s)

Back

- Definition: an unforeseen happening or state of affairs requiring prompt action
- Syn. (synonyms): exigency
  contingency
  crisis
- Etymology: It is the language of origin of the word such as
  (L) Latin
  (GK) Greek
- No etymology exists for the word emergency

Each vocabulary word may have more than one meaning. Study the words in the sentence or paragraph carefully to choose the most appropriate or correct meaning. When you look at the situation the sentence describes you often will discover the meaning of the word through context clues.

Try to guess the meaning of the word by looking at the other words in the sentence or paragraph. Using context clues requires the same kind educated guessing you use when you anticipate or predict the contents of the lesson.

EXAMPLE:

Over 70 million Americans annually receive hospital emergency care as a result of great disasters or misfortunate incidents known as Catastrophic accidents and illnesses.

Look at the context clues in the sentence. The definition of catastrophic is given by the other words in the sentence.

Catastrophic means great disasters or misfortunes.

Define the underlined word using context clues. You can guess the meaning from the other words in the sentence.

1. That toy is a lethal weapon; it almost killed me when I fell over it.

   Lethal means _____
   The context clue word is killed.

2. Next Mr. Gomez made a list of all the absentees in the Emergency Care Attendant Class when he was checking the roll.

   Absentees means _____

3. I feel a good sensation when I receive a passing grade or finish my work on time.

   Sensation means _____

4. Many accidents occur due to the traffic on the bridge between El Paso and Juarez which is hectic during the weekends.

   Hectic means _____

5. She feigned illness rather than good health to try to postpone taking the test.

   Feigned means _____

6. The volunteers answered the phones, wrote down the messages, passed out the pamphlets, and gave their time willingly without pay.

   Volunteer means _____

7. The friends of the intoxicated man did not allow him to drive home after the party.

   Intoxicated means _____

8. Maria could not seem to retain the information that she had studied for the CPR test.

   Retain means _____

9. The student searched the periodical section of the library because magazine articles contained more current information than books.

   Periodical means _____

10. Find an article and bring it to class with a written summary of the main idea.

Article means _____

Summary means _____

What are context clues?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Use context clues first to figure out a new word. Next use a dictionary to check any word meanings that you could not guess.

Write 5 sentences to show that you understand how to use context clues. Use your ECA Textbook.

Show your sentences to another student to see if he or she can figure out the meanings using context clues.

****

3 X 5 CARD METHOD

1. injuries
2. disability
3. poisonings
4. airway and respiratory intervention
5. Cardiopulmonary resuscitation (CPR)
6. abdominal wounds
7. stabilization
8. spinal injuries
9. splinting
10. carotid pulse
11. desensitization
12. occlusive dressing
13. tourniquet
14. extremity (upper and lower)
15. oropharyngeal airways

Print the vocabulary word on the front of the card. Turn the card over and print the definition on the back of the card. Use your own words. Write a sentence that shows that you understand the correct word usage. Underline the vocabulary word in the sentence. Make one card for each word. Use context clues to include the definition of the word in the sentence.

****

USING VOCABULARY

Complete the vocabulary matching test by writing the number on the blank in front of each letter.

1. cavity	_____ a. an injury
2. skull	_____ b. strong cords that connect muscles to bones
3. diaphragm	_____ c. joints that do not move
4. skeleton	_____ d. where two or more bones come together
5. immovable	_____ e. arms and legs
6. tendons	_____ f. blood vesels that carry blood toward the heart
7. veins	_____ g. an open place in which organs are located
8. consciously	_____ h. to do something intentionally or on purpose
9. extremities	_____ i. eight bones that protect the brain
10. wound	_____ j. a group of bones that compose the spinal column
11. vertebrae	_____ k. large muscle that helps in breathing
12. joint	_____ l. group of bones which support the body

Total Number Correct _____

****

LESSON 3
EXERCISE TWO

****

SCANNING PRACTICE

Find the following words in the puzzle. Remember to look up, down, across or diagonally.

v	c	t	s	q	a	c	d	c	s
n	o	t	e	e	p	r	t	o	t
p	m	c	s	e	o	s	r	n	n
n	p	q	a	l	u	r	s	t	i
t	r	z	h	b	m	o	p	e	o
n	e	d	s	a	u	q	u	x	p
n	n	m	c	t	k	l	k	t	w
l	e	b	w	y	f	e	a	o	e
g	n	i	n	n	a	c	s	r	n
z	s	e	i	f	h	m	o	e	y
g	i	w	o	r	d	s	w	a	y
y	o	g	n	i	d	a	e	r	w
c	n	o	g	s	k	i	l	l	s

Reading

Comprehension

Context

Vocabulary

Note

Scanning

Skills

Words

Points

Table

****

****

TITLES

Write the purpose for reading each of the following titles. Use questioning words such as "who, what, where, when, why, or how" to rewrite each title in question form.

EXAMPLE: EMERGENCIES IN AMERICA
<u>What are the major emergencies that exist in America?</u>

1. EFFECTIVE CARE

_____

_____

2. THE FIRST RESPONDER

_____

_____

3. NEED FOR WELL-TRAINED FIRST RESPONDERS

_____

_____

4. THE EMS SYSTEM

_____

_____

5. THE FIRST RESPONDER'S ROLES AND RESPONSIBILITIES

_____

_____

6. FIRST RESPONDER EQUIPMENT

_____

7. FIRST RESPONDER SKILLS

_____

8. THE FIRST RESPONDER AND LEGAL ASPECTS

_____

****

LESSON 3
EXERCISE THREE

APPLYING TO REAL-LIFE SITUATIONS

NOTES

MEDICAL TERMINOLOGY WITH ABBREVIATIONS
Patient Assessment or Medical Terminology

Study the following terminology and abbreviations carefully.

Pt.	-	patient
year old	-	y/o
History	-	Hx
Chest	-	Cx
c	-	with
complaining of	-	c/o
chief complaint	-	cc
fracture	-	fracture
level of consciousness/ loss of consciousness	-	LOC
motor vehicle accident	-	MVA
motorcycle accident	-	MCA
person ill, cause unknown	-	"sick party"
initial patient survey	-	IPS
signs and symptoms	-	S/S
right upper quadrant	-	RUQ
left upper quadrant	-	LUQ
left lower quadrant	-	LLQ

****

right lower quadrant	-	RLQ
treatment	-	Rx
dulled senses loss of sensibility	-	Stupor
blue skin	-	cyanotic
oxygen		O

****

NOTES

Study the vocabulary and definitions:

Midline - Imaginary line that splits the body in half (left & right)

Superior - Head or toward the head

Inferior - Feet or toward the feet

Transverse - Imaginary line that splits the body in half at the navel (top & bottom)

Anterior - Front or toward the front

Posterior - Back or toward the back

Proximal - Nearest to the point of reference

Distal - Furthest from the point of reference

Lateral - Away from the midline; to the side

Medial - Toward the midline, coming from the side

External - Outside the body

Internal - Inside the body

****

****

THE ABDOMEN

Costal Arch - Starts under the rib cage

Iliac Crest - Part of the pelvis

Anterior Superior Iliac Crest - Top of pelvis

Symphsis Pubis - Bottom of pelvis

Umbilicus - Navel or bellybutton

There are 4 parts of the abdomen:

Right Upper Quadrant - RUQ
Left Upper Quadrant - LUQ
Right Lower Quadrant - RLQ
Left Lower Quadrant - LLQ

In the RUQ you will find:

Liver Intestines gallbladder

In the LUQ you will find:

Stomach, spleen, liver, intestines. The spleen produces red blood cells and is very vascular - contains a lot of blood

RLQ: Intestines, Urinary bladder, appendix

LLQ: Intestines (you have 22 ft. of intestines) rectum, urinary bladder

****

BLOOD PRESSURE

Extrication - Implies that someone is trapped in a car or under a fallen building. A patient may be trapped anywhere. Free the patient so he can be treated.

Aneroid guage - Air is the driving force of this guage. You measure the blood pressure by millimeters of mercury (mm Hg).

Epinephrine or Norrepinephrine - adrenalin, used in certain emotions. Speeds up your heart. 2 hormones that the body produces.

****

Peripheral Vessels - Toward the outside. Smaller vessels that branch from a main artery

Stethescope - Tool used for hearing B.P.

B.P.- Measurement of the pressure exerted on vessels when the heart is at work and rest

Spygmomanometer.- B.P. Cuff (Blood Pressure Cuff)

Additional Notes:

LESSON 3

EXERCISE THREE

APPLYING TO REAL LIFE SITUATIONS

Abbreviations are short ways to write words.

WRITE THE CORRECT ABBREVIATION OR SYMBOL ON THE LINE PRECEDING EACH WORD. USE THE NOTES ON PAGES 78-79.

Pt.	_____	1. Treatment
y/o	_____	2. Fracture
Hx	_____	3. Person ill, cause unknown
Cx	_____	4. Right Upper Quadrant
C	_____	5. Right Lower Quadrant
c/o	_____	6. Left Lower Quadrant
cc	_____	7. Left Upper Quadrant
ECA	_____	8. Apathy, mind and senses dulled
fx	_____	9. Blue Skin
LOC	_____	10. Oxygen
MVA	_____	11. Signs and Symptoms
MCA	_____	12. Initial Patient Survey
Sick Party	_____	13. Motorcycle Accident
IPS	_____	14. Motor Vehicle Accident
O	_____	15. Level of Consciousness
RUQ	_____	16. Patient
RUQ	_____	17. Year-Old
RLQ	_____	18. Chest
LLQ	_____	19. With

****

Rx	_____ 20. Chief Complaint
Stupor	_____ 21. Complaining Of
Cyanotic	_____ 22. History
S/S	_____ 23. Emergency Care Attendant

TOTAL NUMBER CORRECT _____

****

Select any five terms from pages 82 and 83 and combine them to make a Patient Assessment.

Write the Abbreviation first.

Write the translation underneath the Abbreviation.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

****

****

If you had to wear a Medical Alert Emblem circle the health condition(s) to be engraved on your identification.

Diabetes/Insulin Dependent	Coronary/Artery Bypass Graft (CABG)
Diabetes/Non-Insulin	Allergic to Insect Stings
Asthma	Allergic to Penicillin
Emphysema	Multi-Drug Allergies
Epilepsy	Malignant Hyperthermia
Glaucoma	Takes Anticoagulants
Heart-Valve Implant	Takes Steroids
Hypertension	Takes B-Blocker
Pacemaker	Hypoglycemia
Heart Condition	Wearing Contact Lenses

****

If not listed above your PRIMARY medical condition(s) to be ENGRAVED would be:

_____

_____

_____

_____

_____

****

****

STYLE and **METAL** of Emblem Desired

You must specify both the style and metal for each emblem you order. (NOTE: Silver is not recommended for people with diabetes.)

Check STYLE	Check METAL
_____ Standard Bracelet	_____ Stainless Steel... $20
_____ Small Bracelet	_____ Sterling Silver... $30
_____ Neckchain (with 26" chain)	_____ 10KT Gold Filled.. $38
	_____ 24KT Heavy Gold Electroplate

Size of wrist to nearest 1/4 inch: ____________________

Draw the Emblem you ordered.

****

LESSON 3
EXERCISE FOUR

****

UNDERSTANDING TOPICS

FINDING THE MAIN IDEA IS AN IMPORTANT SKILL IN DEVELOPING READING PROFICIENCY. PLACE THE WORDS OR PHRASES IN THE CORRECT GROUPS, CATEGORIES, OR UNDER THE TOPIC.

****

USE THE FOLLOWING WORDS OR PHRASES TO FILL IN THE GROUPS OR AS DETAILS UNDER THE TOPICS IN THE OUTLINE.

(the patient) (the First Responder) (patient care)

(record keeping) (the ambulance) (the Emergency Room ER at the hospital)

(extrication) (communication) (emotional stability)

(patient refusal) (abandonment) (good personality)

(good health) (control of the accident scene) (integrity)

(transferring care of the patient to the EMT or ECA)

(actual consent) (at least 18 years old) (clean law record with no record of felonies or convictions)

(state approved ECA class) (state examinations) (every 4 years)

(accumulating 100 continuing education units)

****

I. FOUR CONTRIBUTING AGENCIES OR LINKS IN THE EMS CHAIN:

A. The patient
B.
C.
D.

****

****

II. ENTRY OR ACCESS INTO THE LOCAL EMS SYSTEM IS BY DIALING 911.
SIX ROLES AND RESPONSIBILITIES OF THE ECA ARE:

A.
B.
C.
D.
E.
F.

III. SIX AREAS OF PERSONAL ATTITUDE AND CONDUCT EXPECTED OF AN ECA:

A. Emotional Stability
B.
C.
D.
E.
F.

IV. THREE MEDICAL AND LEGAL ASPECTS OF EMERGENCY CARE:

A.
B.
C.

V. STATE REQUIREMENTS FOR AN ECA TO BECOME CERTIFIED:

A.
B.
C.

VI. RECERTIFICATION:

A.
B.
C.

****

****

LESSON 3
EXERCISE FIVE

****

THINKING PRACTICE

The EMT (Emergency Medical Technician) works as a member of an emergency medical team. Some of the requirements needed are the ability to administer first aid treatment to sick or injured individuals as well as the transportation of the person to a medical facility.

THESE REQUIREMENTS AND QUALIFICATIONS INCLUDE PERSONAL TRAITS, APTITUDES, AND PHYSICAL ABILITIES.

FILL IN THE CHART WITH THE CORRECT REQUIREMENTS AND QUALIFICATIONS LISTED ON PAGE 89.

PERSONAL TRAITS	APTITUDES	PHYSICAL ABILITIES
1. Tact		
2.		
3.		
4.		
5.		
6		
7.		
8.		
9.		
10.		

****

Select information for the chart from the following phrases. The first one has been done for you to give you an example. Look up any words you do not know in the dictionary and write them on 3 X 5 cards.

Good physical and mental health

Exceptional emotional maturity and stability

Accurate color vision

Sensitivity

Poise

Tact

Sensitivity to the attitudes and reactions of others

Good dexterity

Be able to lift and carry up to 100 pounds

Good physical coordination

Good eyesight

Verbal facility

Sufficient scholastic aptitude

Neat and clean appearance

Good judgment under stress

Interest in serving others

Courtesy

Honest

_____ TOTAL NUMBER CORRECT

****

LESSON 3
EXERCISE SIX

****

WRITING AND IMAGINING
Dial 911 for Emergencies

What do you think Dial 911 for Emergencies is about?

_____

_____

_____

Describe and visualize a situation that required reporting an emergency and requesting assistance.

_____

_____

_____

_____

_____

_____

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_____

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****

Dial 911 for Emergencies

Access to an emergency answering center is provided to the American public through dialing the emergency telephone number nine-one-one (911). Any individual in any area of the United States can report and request assistance in an emergency situation. Regardless of location, familiarity with an area, time of day, or type of emergency, nearly every American citizen could summon aid in an effort to preserve life and property by dialing the number 911.

Paragraph one describes an ideal situation that does not exist at this time. Some communities have not realized the value and benefits of a single emergency system. Local governments should maintain the responsibility for determining and responding to their own unique emergency services requirements. The current service is available to any community or minicipality electing to install 911. Within a few years nationwide implementation is a goal so that the value and benefits of a single emergency telephone number is realized.

The concept of establishing a common emergency telephone number was in existence in 1968 when the first system became operational. Several European countries had established emergency answering centers previously.

The first country to establish a universal emergency telephone number was Great Britain. Any individual citizen was able to request assistance through dialing 999. A prompt response was received and directed to the proper agency with efficiency.

Comments or Opinions:

_____

_____

_____

_____

_____

_____

_____

_____

_____

****

****

The Literal Comprehension Exercises require you to remember the supporting facts or details. Write the correct answer in the space on the line.

COMPREHENSION EXERCISES

1. The United States utilizes the emergency telephone number _____.

   a. 911 b. 833 c. 999

2. The first European country to establish a national emergency system was _____.

   a. Denmark b. England c. Germany

3. In America the first emergency phone number was established in the year _____.

   a. 1960's b. 1940's c. 1970's

4. Dialing the emergency phone number in several European countries brings _____.

   a. firemen b. medical help c. the police

5. The digit that is most commonly used in the emergency assistance system is _____.

   a. nine b. zero c. one

****

The following sentences require you to find the author's purpose and inferred meanings. You must read between the lines to decide what was meant by the writer. Circle the correct letter.

6. The author of the article implies that emergency numbers

   a. consist of four digits.

   b. are available in the largest cities.

   c. can be dialed day or night.

7. One disadvantage to the emergency telephone system is that

   a. it is not available on holidays.

   b. the personnel are poorly trained.

   c. it is not a direct call for assistance or aid.

****

8. Access to the emergency phone number in the U.S. will be available

   a. to individual residents.

   b. in some communities.

   c. to states who pay for the service.

9. The telephone assistance emergency system

   a. is universal in European countries.

   b. is controlled by police departments.

   c. is sponsored by several agencies.

10. A conclusion about the emergency phone number is that

   a. it will be available to African countries.

   b. it will not be successful in small communities.

   c. it has required numerous years of planning and requires future revision.

_____ TOTAL NUMBER CORRECT

****

SUGGESTED READINGS

Several readings are listed below to provide more information about the ECA and EMT career.

THE NAEMT NEWSLETTER, the official publication of the National Association of Emergency Medical Technicians, P.O. Box 334, Newton Highlands, Massachusetts, 02161-0334.

JEMS, the Journal of Emergency Medical Services, Jems Publishing Company, P.O. Box 1026, Solana Beach, California 92075.

EMERGENCY MEDICAL SERVICES, the Journal of Emergency Care and Transportation, by Emergency Medical Services, Inc., 12849 Magnolia Blvd., North Hollywood, California 92075.

COURSE GUIDE, National Training Course for the Emergency Medical Technician Paramedic, U.S. Department of Transportation, National Highway Traffic Safety Administration, Washington, D.C., 1977, Government Printing Office.

EMERGENCY CARE AND TRANSPORTATION OF THE SICK AND INJURED, Third Edition, The Committee on Allied Health, The American Academy of Orthopedic Surgeons.

ADVANCED SKILLS IN EMERGENCY CARE: A TEXT FOR THE INTERMEDIATE EMT, Alexander Butman, Steven Reinberg, Norman E. McSwain, Jr., M.D., Edward Pendergast, M.D., Mary Beth Skelton, RN, and Marvin A. Wayne, M.D.

EMERGENCY CARE IN THE STREETS, Nancy L. Caroline M.D., Little Brown and Company.

PREHOSPITAL EMERGENCY CARE AND CRISIS INTERVENTION, Brent O. Hafen and Keith J. Karren, the Morton Publishing Company.

Write the names of the most interesting sounding suggested readings.

1. _____

2. _____

3. _____

****

****

READING RATES

Before you read the article entitled "LET'S SHOW SOME RESPECT, BUDDY" complete the following blanks. (Use the ECA Reader for both assignments about Reading Rates.)

ANTICIPATE OR PREDICT WHAT YOU THINK THE STORY WILL BE ABOUT:

_____

_____

_____

Different reading rates are used for different kinds of articles. A legal document such as a will requires slow, careful reading. A textbook needs study or careful reading. Rapid reading is used to read a newspaper or magazine.

WHAT READING SPEED OR RATE WILL YOU USE TO READ THE STORY - RAPID, SLOW, AVERAGE, STUDY OR CAREFUL READING SPEED? WHY?

_____

_____

_____

READ THE FIRST ARTICLE. WHAT DID YOU LEARN ABOUT THE IMPORTANCE OF RESPECT FOR THE INJURED VICTIM?

_____

_____

_____

NOW READ THE SECOND ARTICLE "WHEN IN DOUBT...ASSESS."

WHAT IS THE PURPOSE OF THE STORY? _____

_____

WHAT READING RATE WILL YOU USE? WHY? _____

_____

LIST THE SIGNS TO ASSESS IN THE RIGHT ORDER OR SEQUENCE. _____

_____

_____

****

LESSON 3
EXERCISE SEVEN

Supplementary Readings
READING LOG

Read silently for twenty minutes each day. Use the following chart to keep a record of your readings. Select articles from books, magazines, or newspapers that will add to what you learn in the classroom. Be prepared to discuss one of your Supplementary Readings in class each week. Use stories contained in the Emergency Care Reader.

DATE: _____ TIME OF DAY: _____

Title of Article: _____

Name of Book, Magazine, or Newspaper: _____

_____

MAIN IDEA: _____

_____

MY OPINION: _____

_____

DATE: _____ TIME OF DAY: _____

Title of Article: _____

Name of Book, Magazine, or Newspaper: _____

_____

MAIN IDEA: _____

_____

MY OPINION: _____

_____

READING 4104
LESSON 4
CHECKLIST

NAME: _____

DATE: _____ _____

I. Check off each activity as you complete it.

	DATE COMPLETED
1. EXERCISE ONE	_____
2. EXERCISE TWO	_____
3. EXERCISE THREE	_____
4. EXERCISE FOUR	_____
5. EXERCISE FIVE	_____
6. EXERCISE SIX	_____
7. EXERCISE SEVEN	_____

II. COMMENTS

_____

_____

_____

_____

_____

_____

_____

_____

****

LESSON 4
EXERCISE ONE

****

**"While somewhere on a rain slick street
a young man's heart is weakening."**

****

What is the meaning of the poem? _____

_____

_____

_____

_____

_____

****

Practice the Prereading Skill of surveying the lesson and exercises before you begin the assignments. List the sequence or order of the exercises.

Example: Lesson 4

Exercise One - Predicting
Word Study

Exercise Two - _____

Exercise Three - _____

Exercise Four - _____

Exercise Five - _____

Exercise Six - _____

Exercise Seven - _____

****

What exercises have you enjoyed doing the most after completing Lessons 1, 2, and 3? Why?

****

LESSON 4
EXERCISE ONE

****

STUDYING VOCABULARY

In your **recognition** vocabulary you recognize and understand words when you read or hear words spoken. your **functional** vocabulary is smaller and is composed of words you remember and use yourself.

When you are adding words to the functional vocabulary be sure to read and write the words for effective retention or memory.

Use the 3 X 5 card method to learn the following vocabulary words:

What is the topic you would use to group the words into a similar category? All of the words refer to what occupation?

_____

_____

****

orthodontist	podiatrist
obstetrician	pediatrician
dermatologist	pyschiatrist
gynecologist	optician
opthalmologist	optometrist

****

Write each word, pronunciation, definition and sentence on your vocabulary cards.

Try to spell the word correctly after reading the pronunciation.

1. pee de ə trish' an = _____
2. guy' nē kol' a jist = _____
3. op - tish' ən = _____
4. op -tom'- a -trist = _____
5. or-thē-don'-tist = _____

****

^^^

1. **orthodontist** (or - th@ - DON - tist)
One who straightens teeth or corrects incorrect bites called malocclusions.
Sentence:

2. **obstetrician** (ob' - st@ - TRISH' - @n)
One who specializes in the care for pregnant women, delivers babies and gives post-natal care to mothers.
Sentence:

3. **dermatologist** (dur' - m@ - TOL' - @ ' jist)
A specialist in diseases of the skin such a rashes, acne, or eczema.
Sentence:

4. **gynecologist** (guy' - n@ - KOL' - @ - jist)
Specializes in diseases of women and childbirth.
Sentence:

5. **ophthalmologist** (off' - thal' - MOL' - @ - jist)
A surgeon who treats problems and diseases of the eyes.
Sentence:

6. **podiatrist** (P@ - Dy' - @ - tristk)
One who treats foot ailments.
Sentence:

7. **pediatrician** (pee' - dee - @ - TRISH' - @n)
A specialist in the treatment and care of infants and children.
Sentence:

8. **psychiatrist** (sy - KY' - @ - trist)
A specialist who treats emotional problems and mental ailments.
Sentence:

9. **optician** (op - TISH' - @n)
A technician who grinds lenses, sells and makes eyeglasses.
Sentence:

10. **optometrist** (op - TOM' - @ - Trist)
An individual who is trained to fit eye glasses.
Sentence:

^^^

****

Chose the correct answer. Write the letter on the blank before the number.

_____ 1. An obstetrician is the specialist to consult if ...

a) You are having problems after your pregnancy
b) Your foot aches when you wear tight - fitting shoes
c) Your glasses keep breaking

_____ 2. He is a specialist in eye diseases and can perform surgery if necessary.

a) Optician
b) Optometrist
c) Opthalmologist

_____ 3. He treats diseases of the elderly

a) dermatologist
b) pediatrician
c) obstetrician
d) none of the above

_____ 4. Braces are one of the methods of treatment this specialist recommends.

a) orthodontist
b) obstetrician
c) optician
d) all of the above

_____ 5. Call quickly if your child has "chicken pox".

a) pediatrician
b) podiatrist
c) psychologist
d) none of the above

_____ 6. You made an appointment with the specialist to pick up a pair of new eye glasses.

a) oculist
b) optometrist
c) optician
d) all of the above

****

****

_____ 7. You need to have a specialist who consults with patients about unusual behavior.

a) obstetrician
b) pediatrician
c) podiatrist
d) psychiatrist

_____ 8. Your child needs a physical before attending high school see a...

a) psychiatrist
b) gynecologist
c) pediatrician
d) none of the above

_____ 9. You have developed an annoying rash between your fingers and toes. Consult a...

a) podiatrist
b) dermatologist
c) gynecologist
d) obstetrician

_____ 10. Your baby is due in one month. You will need a _____ to deliver your child.

a) obstetrician
b) gynecologist
c) any of the above
d) none of the above

_____ TOTAL NUMBER CORRECT

****

****

LESSON 4
EXERCISE TWO

****

SCANNING PRACTICE

Use the word find to locate the vocabulary words. Circle the words.

1. allergic
2. bandage
3. carotid
4. constrict
5. embedded
6. hemorrhage
7. hives
8. internal
9. severed
10. tourniquet
11. toxic
12. vital

Total number of words _____

****

a x y e e o b t d i c

l h e m o r r h a g e

l a t i v l l a c i d

e m b e d d e d i o i

r a l a t i b e n a t

g r i g u e t r t e e

i e v c e r t e s e u

c a r o t i d e v r a

b o r n o r r h e n i

s r t s d d e d s a n

a e r t o x i c d l r

l e v r a b c d f s u

r u w i o c d d o f o

c s y c h l l i c o t

o t x t e o r t i n g

i b a n d a g e s i c

****

****

VOCABULARY MATCHING

Write the letter of the correct definition on the line in front of the vocabulary word. Study the notes on pages 79 and 80 before you complete this exercise.

1. _____ Midline	a. Instrument used for hearing B.P.
2. _____ Superior	b. Blood Pressure Cuff
3. _____ Inferior	c. Smaller vessels that branch toward the outside from a main artery.
4. _____ Transverse	d. Imaginary line that splits the body in half (left and right)
5. _____ Anterior	e. Back; toward the back
6. _____ Posterior	f. Inside the body
7. _____ Proximal	g. Front; toward the front
8. _____ Distal	h. Furthest from the point of reference
9. _____ Lateral	i. Head; toward the head
10. _____ Medial	j. Feet
11. _____ External	k. Imaginary line that separates the body at the navel (top and bottom)
12. _____ Internal	l. Away from the midline; to the side
13. _____ Costal Arch	m. Nearest to the point of reference
14. _____ Illiac Crest	n. Outside the body
15. _____ Anterior Superior Illiac Crest	o. Starts under the rib cage
16. _____ Symphsis Pubis	p. Part of the pelvis
17. _____ Umbilicus	q. Right, upper quadrant
18. _____ RUQ	r. Right, lower quadrant
19. _____ LUQ	s. Left, upper quadrant
20. _____ RLQ	t. Left, lower quadrant

****

****

21. _____ LLQ	u. Bottom of the pelvis
22. _____ Extrication	v. Navel or bellybutton
23. _____ Aneroid Gauge	w. Toward the midline; from the side
24. _____ MMHG	x. Millimeters of mercury for measuring the blood pressure
25. _____ Peripheral Vessels	y. Air is the driving force of this gauge
26. _____ Stethoscope	z. Anywhere a patient may be trapped
27. _____ Sphygmomanometer (BP Cuff)	aa. Top of pelvis

_____ Total Number Correct

****

****

LESSON 4

EXERCISE THREE

****

APPLYING TO REAL-LIFE SITUATIONS

Read the selection titled **A B O Blood Groups**. Try to avoid any distractions and concentrate on what you are reading. Make sure that you make a question about the story from the title to establish a purpose for reading. Actively search for the answer to the question which is: Why are A, B, AB and O Blood Groups Important? Sometimes the title is misleading and you will have to change questions as you read because the story may not be about what you thought. Find out why the writer wrote the article. What is the purpose? Was the story written to inform, define, explain, persuade, compare, or contrast, or to illustrate an idea? Group words and phrases together as you read to understand the thoughts or ideas better. Choose the appropriate reading rate for the kind of article you have selected to read. Look for main ideas and supporting details. Notice the importance of the first and last paragraphs, and first sentence in each paragraph. Always read carefully to discover how the ideas fit together or their relationship. Now read the selection reprinted from A Resource File for the Content Area Teacher.

A B O BLOOD GROUPS

Everyone has blood, but what type of blood you have is very important. Read this selection to find out why blood types are important.

The ABO blood groups have been the human genetic traits most useful in medicine and in the study of human population genetics. Also, they are discontinuous traits that can be studied by Mendelian analysis. The ABO blood

****

****

groups were of great interest to medical scientists for several years before geneticists became interested in them. The blood goups were first discovered in 1900 by Karl Landsteiner, an Austrian physician. Landsteiner was interested in devising a method for matching human blood so that it could be transferred to individuals without causing any ill effects.

Blood transfusions had been performed for many years prior to Landsteiner's discovery, but it was always risky. Sometimes the patient received blood from a donor without complications. At other times severe complications developed. When this happened the red blood cells clogged the capillaries and caused the death of the patient. Landsteiner devised a technique whereby the blood of the patient and plasma of a potential donor were premixed in a test tube. In this way clumping could be observed ahead of time and unsafe donors could be detected.

Landsteiner continued his investigations and discovered four groups of human blood, which are now being named, A, B, AB, and O. Subsequent investigations by chemists and geneticists have revealed the probable mechanisms that cause the clumping. They also discovered the patterns of gene transmission that are responsible for each of the four blood groups.

Human red blood cells may contain on their surface one of both of two different antigens, A and B. The four blood groups are named according to the antigens that are carried by the red blood cells. If the red blood cells carry the A antigen, the blood is said to be group A. If the red blood cells carry the B antigen, the blood is group B. If the red blood cells do not carry either of the two antigens, the blood is group O.

****

****

Individuals having group O blood are often called universal donors. Individuals given group AB blood often are called universal recipients. However, it should be noted that there are enough minor exceptions to these rules so that actual cross-matching of blood usually is performed before blood is exchanged between indivduals.

The underlined sentences demonstrate **previewing** or the technique for reading an article quickly. Summarize the answer to the question, "Why are A, B, AB, and O blood groups important?

_____

_____

_____

_____

_____

_____

****

Steps in Previewing, Focusing or Surveying.

1. Turn the title into a question.
2. Read every word in the first two paragraphs and the last paragraph.
3. Read the first sentence in each paragraph.
4. Answer the question you made from the title.

****

****

COMPREHENSION QUESTIONS

ABO Blood Groups

Circle the letter of the correct answer.

1. A transfusion is:

   a. a disease
   b. a method of matching blood
   c. always risky
   d. a method of replacing blood

2. The blood types are:

   a. A & B
   b. A, B & O
   c. A, B AB, & O
   d. A, B & C

3. Antigens are:

   a. red blood cells
   b. substances that determine blood types
   c. white blood cells
   d. something that makes blood clot

4. Universal donors have:

   a. type A
   b. type B
   c. type AB
   d. type O

5. Karl Landsteiner discovered:

   a. blood circulation
   b. blood groups
   c. antigens
   d. plasma

6. A person with type A blood has:

   a. A antigen
   b. B antigen
   c. no antigen
   d. A & B antigen

****

****

7. A person with type O blood has:

   a. A antigen
   b. B antigen
   c. no antigen
   d. A & B antigen

8. Universal recipients have:

   a. type O
   b. type AB
   c. type B
   d. type A

9. How many antigens are responsible for the four blood types?

   a. 1
   b. 2
   c. 3
   d. 4

10. After Landsteiner's technique was devised, blood transfusions were:

   a. safer
   b. still risky
   c. more risky
   d. none of the above

****

What is your blood type? _____

_____

_____

How do you know? _____

_____

_____

_____

****

****

List the members of your family and their blood types.

Name: _____

Address: _____

Home Phone: _____ Blood type_____

Work Phone: _____

Husband/Wife Phone: _____ Blood type_____

In an Emergency Contact: _____

Name of Physician: _____

Address: _____

Phone: _____

Name of Nearest Hospital: _____

Address: _____

Phone: _____

Children:

Name	Blood type

****

Where did you go to find out your blood type?

_____

_____

_____

****

****

LESSON 4
EXERCISE FOUR

****

UNDERSTANDING TOPICS
(LITERAL COMPREHENSION)

****

One of the sentences in the paragraph is the main idea. The other sentences in a well-written paragraph support the main idea sentence. Look for the main idea or topic sentence at the beginning of the paragraph. If it is not located there try the last sentence, middle sentence, or various other locations in the paragraph. Some paragraphs do not have a sentence that states the main idea. You have to infer or guess the unstated main idea.

****

Example:

There are many ways to develop greater concentration when studying for the ECA class. Make sure that study time is not attempted on an empty stomach or following a large meal. Allow for a period of relaxation first. If you are tired or exhausted take a nap so that your physical requirements will be met before studying. Try to avoid distracting surroundings or activities. Lessons mean more when interferences are minimized.

Underline or highlight the topic sentence in the paragraph.

****

Now write the topic sentence(s)from the example: There are many ways to develop greater concentration when studying for the ECA class.

Restate in your words:

Paying attention in the ECA class needs to be developed in several ways.

Paragraph Location: First sentence

How do you locate the main idea?

_____

_____

_____

_____

****

****

PARAGRAPH 1

****

1. Underline and write the topic sentence after you read paragraph 1.

2. Topic sentence(s):

_____

_____

_____

3. Restate in your words:

_____

_____

_____

4. Paragraph Location:

_____

_____

****

PARAGRAPH 1

Sometimes the interest in studying does not exist. Lessons won't be relevant and meaningful. Nine suggestions can aid in developing greater concentration.

The first method is to preview the chapter or material to develop an interest and to get a better understanding.

Second, set a goal such as studying to pass the test. Gather all the materials you will need or prepare to concentrate to avoid interruptions. Next try to vary the activity by taking notes, underlining important ideas, and repeating the important points.

Do not daydream. See how the new material relates to your prior knowledge. Set a time limit and study in twenty-minute periods of time. Always organize the assignment for more effective learning.

****

****

PARAGRAPH 2

1. Underline the topic sentence

2. Write the topic sentence:

_____

_____

3. Restate in your words:

_____

_____

_____

4. Paragraph location:

_____

_____

****

PARAGRAPH 2

The ECA should examine the head and neck. Next, examine the trunk including the anterior or chest, abdominal, genital, and posterior or spinal column and rib cage.

The extremities or arms and legs need to be evaluated carefully. Always begin in the same order when you perform the Initial Patient Survery (IPS) or Patient Assessment (Pt. Assessment).

****

****

PARAGRAPH 3

****

1. Underline the topic sentence.

2. Write the topic sentence:

_____

_____

3. Restate in your words:

_____

_____

4. Paragraph location:

_____

****

PARAGRAPH 3

Six steps of the IPS are to review, overview the scene, introduce, yourself, perform ABC, discover the chief complaint (CC) and examine. Always talk to your patient even though he is unconscious. Practice the six steps thoroughly and repeatedly until they become automatic.

****

PARAGRAPH 4

****

1. Underline the topic sentence.

2. Write the topic sentence:

_____

3. Restatement:

_____

_____

4. Paragraph location:

_____

****

****

PARAGRAPH 4

Sex, age and what happened are important facts needed when evaluating an accident or emergency victim.

Other important information is the chief complaint, injuries and pertinent data or relevant medical history, the vital signs which include the blood pressure, pulse, and respiration and estimated time of arrival. Eight necessary items must be included when reporting about the patient.

****

Make up information for a hypothetical pattern to show an example of reporting.

1. Sex - A female

2. Age - Approximately 33 years old.

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

****

Review:

Cross out any word or phrase that does not belong in the category

Example:

1. **Skeletal system and body cavities**

   bones supporting framework skull ~~muscles~~

2. **Muscular System**

   voluntary muscles involuntary muscles femur

   cardiac muscle permits body movement

****

****

3. **Nervous System**

   muscles brain spinal cord nerves

   permits all body activities and sensations

4. **Respiratory System**

   organs that permit breathing nose mouth esophagus larynx

   trachea bronchl lungs veins

5. **Circulatory System**

   lungs liver heart arteries capillaries veins

6. **Digestive System**

   mouth pharynx esophagus bladder intestines stomach

   liver gallbladder pancreas intestines rectum

7. **Genitourinary System**

   eliminates waste kidneys ureter intestines stomach

   bladder urethra male and female reproductive organs

****

****

LESSON 4

EXERCISE FIVE

****

MEDICINE LABELS

Read the label carefully and answer the following questions by writing the correct letter or answer on the blank before each number.

Walgreens
#2347

For: Jose Carrasco
From: Dr. Ramirez

Amoxicillin

Take one tablet before every meal
for seven days.

Keep out of children's reach

Example: __b__ The medicine is in the form of?

a) a liquid
b) pills
c) an injection

_____ 1. Whose medicine is it?

a) Jose Carrasco
b) Dr. Ramirez
c) children
d) none of the above

_____ 2. How many pills are in the prescription?

a) 3
b) 7
c) 28
d) 21

****

****

_____ 3. Why should the medicine be kept out of children's reach?

_____ 4. What ailment do you think the prescription will cure?

_____ 5. What is the name of the prescribing physician?

a) Dr. Carrasco
b) Dr. Jose Ramirez
c) Walgreens
d) none of the above

_____ 6. Name the drug store or pharmacy.

a) K-Mart
b) Safeway
c) Walgreens
d) all of the above

_____ 7. What times of day should the medicine be taken?

a) after each meal
b) three times daily
c) four times a day
d) before each meal
e) letters b and d
f) letters a and d

_____ 8. What is the prescription number? _____

Tell about a time when you or someone you know had to take a prescription.

_____

_____

_____

_____

_____

_____

_____

_____

****

****

Make a label for a medication. Before you begin list all the following information needed for the prescription in order or in sequence. Use the phrases below to make the list.

Information:

1. Pharmacy
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Information:

Date of expiration	Who the prescrition is for
Name of medicine	Keep out of children's reach
Prescription number	Name of doctor
Times to take medicine	Name of pharmacy
Number of days to take medicine	

****

Why does some medicine require a doctor's prescription and is not sold over-the-counter?

_____

_____

What does tamper-proof packaging mean?

_____

_____

****

****

Why is it necessary to examine or inspect all medicines before purchase?

_____

_____

_____

****

How do you feel about the potential threat of someone altering medicine, or food products?

_____

_____

_____

_____

_____

_____

_____

What should be the punishment for such an offense?

_____

_____

_____

_____

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_____

_____

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LESSON 4
EXERCISE SIX

****

WRITING AND IMAGINING

Use the topic sentence from Lesson 4, Exercise Four, to see if you can give three or more examples or supporting details. Remember that each detail must tell about or give an example to support the main idea.

Example:

Main Idea:

1. Ways to Develop Concentration

   a) Food intake
   b) Physical requirements
   c) Avoid distractions

****

2. Suggestions for Developing Better Concentration

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

   g. _____

   h. _____

   i. _____

3. Patient Assessment

   a. _____

   b. _____

   c. _____

****

****

4. Steps in the Initial Patient Survey

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

5. Reporting on the Patient

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

   g. _____

   h. _____

****

Make up your own topic and details

6. _____

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

****

****

EMERGENCY

SOMETIMES YOU WIN

It was a cold and gray day in November, and as I approached the station, it began to mist. It had been a difficult week, and I was looking forward to relaxing and enjoying a quiet evening on the ambulance. I volunteer one night a week, and the calls had been scarce. The rest of my crew had not come in yet, no doubt due to the weather. I went to the TV room to watch another rerun of "CHIPS," but hadn't made it yet when the emergency phone rang. Over the speaker came the seemingly calm voice of a woman reporting that she needed an ambulance for a child who had fallen into the water. I started for the door thinking this should be easy - some kid slipped in the bathtub while Mommy was giving a bath, choked on a little water and Mommy panicked. It should be a "console Mom" and take the child in to get checked out. "No problem! I should be back in time for M*A*S*H."

On our way out, I asked one of my partners where the call was. "The lake subdivision," my partner responded, which still make no impact.

We pulled into the driveway at the residence; I opened the side doors and stepped out. I was about to turn to get the jump kit when someone caught my eye. A woman was standing beside me, in a lightweight shirt with a look of utter horror on her face, but saying nothing. I took her by the shoulders and said, "Where is it?" She looked at me as if she just realized that I was there and said quietly. "She fell in the water....Down there." Of course, the lake subdivision was built around a lake.

We started to run down the slope between the houses. In the late dusk, I could barely make out figures standing around not much more than a one-year-

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****

old, with a man and woman who were holding each other, and crying softly. I knelt down beside the child and asked how long she had been in the water, but no one had any idea.

NOW FINISH THE STORY

****

****

COMPARE WHAT YOU WROTE WITH THE ENDING FROM THE STORY

I inserted an oral airway, gave a ventilation and began compression. While Gary grabbed the rest of the equipment, Neal yelled "let's go." I picked up her cold, limp, wet form and ran back up the hill. I laid her on the cot, and saw her father get in the front. As I continued CPR, Gary set up the oxygen and the child ambu bag. The ride to the hospital, seemed to take forever, but soon we were pulling into the garage. Gary took the child and got out the back. The hospital, having been made aware of our coming, had a nurse at every door coaching Gary: "Breathe, breathe!" As we got her to the room, a priest gave the Holy Water. Nurses, orderlies and doctors began to work. I left the room just long enough to wash her stomach contents off my cheeks and clean the ambu bag. When I returned, I found them doing a cutdown on her ankle - not a good sign, since this meant that her veins had collapsed, and they had to surgically find one. Once they did, they inserted an IV, and started pushing drugs-dopamine, epinephrine-anything just to save this child. She was so pale, so still that for the first time in months, I found myself appealing for help from a much higher source, "Please don't let her die." A few minutes later, the doctor ordered the compressions stopped so that they could check the EKG. There was a rhythm! I knew that it was irregular, but it was hers. Over the next 10 minutes, it became more regular, so the doctor told us that we could tell her father. He had been waiting in the "quiet room," where they keep the families who probably won't get good news. He seemed to cringe when we came in, but when we told him that his small daughter had a rhythm of her own and a femoral pulse (which meant that her blood

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pressure was coming back up), all he could do was cry tears of joy and thank us. We returned to the room, and found her EKG to be even better than when we had left. We still weren't sure of her final outcome, only the next few days would tell. We then left the hospital, feeling very proud of our work, and very hopeful of a bright future for this little girl.

She lived, in fact, and is doing great, especially for the amount of trauma she experienced. She just celebrated her second birthday, and everyone is looking forward to seeing her enjoy her second chance of life, including us, the people who helped give her that second chance.

****

How do you feel after reading this story? Why?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

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COMPARING STORIES

Ways stories were different:

_____

_____

_____

****

Ways stories were alike:

_____

_____

_____

****

How would you feel about your ability to manage if you were in the same situation?

_____

_____

_____

_____

_____

_____

****

What would you have changed?

_____

_____

_____

_____

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LESSON 4

EXERCISE SEVEN

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Supplementary Readings
READING LOG

Read silently for twenty minutes each day. Use the following chart to keep a record of your readings. Select Articles from books, magazines, or newspapers that will add to what you learn in the classroom. Be prepared to discuss one of your Supplementary Readings in class each week. Use stories contained in the Emergency Care Reader.

****

DATE: _____ TIME OF DAY: _____

Title or Article: _____

Name of Book, Magazine, or Newspaper: _____

_____

MAIN IDEA: _____

_____

MY OPINION: _____

_____

****

DATE: _____ TIME OF DAY: _____

Title of Article: _____

_____

Name of Book, Magazine, Newspaper: _____

_____

MAIN IDEA: _____

_____

MY OPINION: _____

_____

****

READING 4104
LESSON 5
CHECKLIST

NAME: _____

DATE: _____

I. Check off each activity as you complete it.

	DATE COMPLETED
1. EXERCISE ONE	_____
2. EXERCISE TWO	_____
3. EXERCISE THREE	_____
4. EXERCISE FOUR	_____
5. EXERCISE FIVE	_____
6. EXERCISE SIX	_____
7. EXERCISE SEVEN	_____

II. COMMENTS

_____

_____

_____

_____

_____

_____

****

LESSON 5

EXERCISE ONE

****

PREDICTING

"The siren screams its warning out, passing drivers' Fate has spared."

****

Explain the meaning of the lines of poetry in your own words.

_____

_____

_____

_____

_____

_____

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_____

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LESSON 5
EXERCISE ONE

****

STUDYING VOCABULARY

You have been studying vocabulary through the use of the 3 X 5 card method. Now try the study sheet. Each word is listed followed by the pronunciation, the definition(s), and a sentence.

Practice the vocabulary warm-up drill on page 134 first.

A piece of lined notebook paper can be used to design the vocabulary study sheet. Use this method to study vocabulary words in Lessons 5 & 6. Choose words from Lesson 5.

****

EXAMPLE:

VOCABULARY STUDY SHEET

1. Word: _____ Meanings: _____

_____

_____

_____

Sentence: _____

_____

2. Word: _____ Meanings: _____

_____

_____

Sentence: _____

_____

****

****

VOCABULARY WARM-UP DRILL

Move your eyes rapidly across each line. Do not look back. Mark the word in the line that is the same as the first word. Be careful! Sometimes a word is repeated more than once or is not there at all.

Example: 1. **dislodge** disloyal dislog **dislodge** dixlodge

TIME: _____(THE INSTRUCTOR WILL SET A TIME LIMIT. WORK RAPIDLY).

1. **addressing** adresing addressing adressing addresing
2. **accurate** accurate occurate acurrate accurate
3. **log** lop loq lop log
4. **re-position** re-position re-position re-possession re-posit
5. **assimilate** assumption assulitate asimilate assimelate
6. **blanch** blanck blannh blonch banch
7. **bandage** bandage bandage bodage bondage
8. **avulsed** avvulsed avulssed ovulsed avulsion
9. **anaphylaxis** anaphylaxis anaphylaxes aneplilaxis abaohylox
10. **asthma** aszthma azthma asthema asthma
11. **clammy** aclamy calmmy clamny clammy
12. **psychogenic** psychogology psychogenetic psychogen psychogeic
13. **pallid** palid pollid paled pallor
14. **911** 11 611- 191 911

TOTAL CORRECT: _____

****

****

VOCABULARY EXERCIES

Pronounce each word and read the definition. Write a sentence that shows understanding.

1. Asthma - (az' mə) N. GR. a chronic disorder, characterized by coughing, difficult breathing, etc.

   SENTENCE: The **asthmatic** patient had such a severe attack that the ECA had to be summoned immediately.

2. Bronchitis- (bran kit' is) inflammation of the bronchial tubes or two main branches of the windpipe

   SENTENCE: _____

   _____

3. Septic- (sep' tik) made putrid; that state of being infected with pus-producing organisms

   SENTENCE: _____

   _____

4. Psychogenic- (si ko jen' ik) arising from the psyche or mind; neurotic symptom

   SENTENCE: _____

   _____

5. clammy- (klam' e) moist, cold and sticky

   SENTENCE: _____

   _____

   _____

****

****

6. anaphylaxis- (an a fil aks' is) a hypersensitive state of the body to a foreign protein so that the injection brings about an acute reaction which may be fatal; in lesser degree it produces breathlessness, pallor, and collapse

SENTENCE: _____

_____

7. evisceration- (e vis e ra' shun) to disembowel; removal of internal organs

SENTENCE: _____

_____

8. laceration- (las er a' shun) a wound with torn and ragged edges

SENTENCE: _____

_____

_____

_____ TOTAL NUMBER CORRECT

Your additional words:

9. _____ _____

SENTENCE: _____

_____

_____

10. _____ _____

SENTENCE: _____

_____

_____

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COMPREHENDING PHRASES

DIRECTIONS: DEFINE THE FOLLOWING WORDS AND PHRASES. READ EXERCISE THREE IF YOU WANT MORE CONTEXT CLUES.

EXAMPLE: **call this a crash program in cardiology: this is a fast or rapid study of the heart**

1. sensation of pressure behind his breastbone:

_____

_____

2. just "under the necktie":

_____

_____

3. heart pain will not be aggravated by this maneuver:

_____

_____

4. overlaps the lower chest at the fork of the ribs:

_____

_____

5. pain may be a sharp, jabbing sensation or a dull soreness:

_____

_____

6. John's heart began to fibrillate at that moment, changing into the writhing, worm-like motion:

_____

_____

****

****

7. Take the mystery out of heart attacks:

_____

_____

8. The median delay time:

_____

_____

9. Don't be put off by administrative red tape:

_____

_____

10. Onset of symptoms:

_____

_____

11. Write any phrases you found that were not listed above.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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STUDY THE NOTES BEFORE YOU COMPLETE THE NEXT EXERCISE CALLED VOCABULARY MATCHING.

NOTES

1. Stoma - Opening at the neck, by which a patient breathes
2. Medic Alert Tag - Identifies a patient's illness, allergic reaction
3. Deformity - A bump, or abnormal alignment
4. LOC - Level of consciousness
5. Constrict - To narrow or become smaller
6. Dilate - To widen, become bigger
7. Tenderness - Sore
8. Rigid - Hard
9. Guarding - Protection, voluntary contraction of muslces
10. Larynx - Vocal cords, voice box
11. Sluggish - When eyes constrict slowly
12. Incontinent - When pt. looses control of bladder muscles and urinates, or loses rectal control and produces feces or a stool
13. Achille's tendon - The area behind the ankle bones
14. Mid-Shaft - Middle of the bone
15. Costal - Ribs

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****

VOCABULARY MATCHING

Cirlce the letter of the correct answer. Write it in the blank before the number. Study the notes before completing the matching exercise.

EXAMPLE:

__b__ 1. The patient was unconscious and **incontinent** during the month of September.

Incontinent means:

a) not alert
b) unable to control the bladder or rectal muscles
c) not living in the geographical area
d) none of the above

_____ 2. The athlete injured his **Archille's tendon** when he high-jumped and landed without the proper foot placement.

Archille's tendon means:

a) the area behind the ankle bones
b) the area beside the ankle bones
c) the area behind the patella
d) the area in front of the patella

_____ 3. The injury was a compound fracture of the **mid-shaft** of the tibia.

The **mid-shaft** is:

a) end of the cartilage
b) middle of the cartilage
c) upper end of the bone
d) middle of the bone

_____ 4. The injured truck driver suffered from an extreme pain in the **costal** area.

Costal means:

a) near the mouth
b) the collar bone
c) the ribs
d) the guts

****

****

_____ 5. The patient's pupils constricted **sluggishly**.

Sluggishly means:

a) slowly
b) infected eyes
c) nursing students
d) speedily

_____ 6. The **stoma** was partially closed due to the impact of the collision.

Stoma means:

a) stomach
b) opening at the neck through which a patient breathes
c) opening from the stomach to the intestine
d) a lump in the trachea

_____ 7. The First Responder must try to determine the **LOC** of the patient.

LOC means:

a) level of consciousness
b) level of unconsciousness
c) stupor
d) level of confusion

_____ 8. The **Medic Alert Tag** was concealed behind the youth's belt buckle so the ECA had a difficult time locating the information.

The **Medic Alert Tag** is:

a) tag for luggage
b) identification of employment
c) ECA certification
d) identification of patient's illness and for allergies

_____ 9. He had pain in a **constricted** area in the femoral artery.

Constricted means:

a) behind
b) dilated
c) narrowed
d) smaller area
e) letters b and c
f) letters c and d

****

****

_____ 10. Since the inflammation was located in the **larynx** the doctor prescribed medication and bed rest.

Larynx means:

a) esophagus
b) voice box
c) vocal cords
d) none of the above
e) letters b and c
f) all of the above

_____ 11. The **guarding** muscular action was a result of the tremendous impact upon the abdominal area.

Guarding means:

a) protection
b) voluntary contraction
c) contraction of muscles
d) all of the above
e) none of the above

_____ 12. The **rigidity** of the abdomen became more apparent and caused grave concern to the attending physician.

Rigidity means:

a) hard
b) strict
c) not willing
d) wounds

_____ 13. As the intern probed the swollen leg, the patient complained of **tenderness** near the ankle.

Tenderness means:

a) soreness
b) broken skin
c) a fracture
d) a pulled ligament

****

****

_____ 14. An effect of a darkened room is pupil dilation.

Dilation means:

a) constriction
b) narrowing
c) the students talked about death
d) widening or becoming larger

_____ 15. The infant's traumatic birth resulted in a cranial deformity.

A **deformity** is:

a) an abnormal alignment
b) normal alignment
c) miscarriage
d) shock

_____ TOTAL NUMBER CORRECT

****

****

Write a paragraph about how you are learning new vocabulary words each week.

Include your study times and methods.

_____

_____

_____

_____

_____

_____

****

Match the following words by writing the letter in the blank before each number.

_____	1. fatal	a.	opposite of rapid
_____	2. gradual	b.	outside of
_____	3. irreversible	c.	surface of wounds
_____	4. pale	d.	a quick and time reaction
_____	5. pathogenic	e.	a condition that cannot be changed back
_____	6. peripheral	f.	regular flow of the blood through the arteries
_____	7. prompt	g.	causing death
_____	8. pulse	h.	part of the body that hurts
_____	9. shock	i.	loss of normal skin color
_____	10. superficial	j.	cause of disease
_____	11. symptoms	k.	result of failure of blood to circulate completely
_____	12. tender	l.	abnormal feelings of illness or injury

****

****

Match the following words. Use the same direction for the preceding vocabulary exercise.

_____	1. complicate	a.	prevents breathing
_____	2. continue	b.	prevent harm
_____	3. deprive	c.	brings something back
_____	4. exhaust	d.	keeps something away
_____	5. produce	e.	thoroughly tired
_____	6. protect	f.	makes something difficult
_____	7. restore	g.	uses something up
_____	8. resuscitate	h.	sharpen
_____	9. suffocate	i.	become weak
_____	10. ventilate	k.	revives
		l.	creates

_____ TOTAL NUMBER CORRECT

****

****

LESSON 5
EXERCISE TWO

****

SKIMMING PRACTICE

Skimming is a technique for rapid reading. Scanning is a method used to locate specific information such as a name, a number, an address, a television program, a time or a word in the dictionary.

Do not confuse scanning and skimming. Skimming is used to skip unimportant words such as the, an, of, these, this, from, to, etc.

When you are practicing skimming try to read quickly to search for the answer.

****

EXAMPLE: Use skimming find the definition of a heart attack.
ANSWER: It is the complete blockage of the blood flow.

A heart attack is the result of a complete blockage of the blood flow. As a result the heart fails to receive the necessary oxygen and nourishment for normal function. Fatty or cholesterol deposits narrow the arteries and decrease or stop the flow of blood to the heart completely. A heart attack may damage the heart muscle or cause part of the heart to die.

****

Use skimming to find out what causes a stroke: ANSWER:

_____

_____

_____

A stroke is different from a heart attack. In a stroke the flow of blood to the brain is blocked. A cerebral thrombosis or a blood clot is one of the frequent causes of a stroke. The clot prevents the brain from receiving the necessary oxygen and nourishment. Brain cells die when the blood supply is blocked.

Compare and contrast the signs and symptoms of a heart attack and a stroke. ANSWER:

_____

_____

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****

Skim the article quickly and answer the True or False questions.

GET MORE EXERCISE, EXPERTS SAY

How much exercise do people need to be physically fit? Many experts now have a formula for staying in shape. They say people must burn off at least 2000 calories a week in some form of exercise.

Scientists at Stanford University helped set up the guideline. They studied two large groups of American men.

The scientists found that people who exercise regularly reduce their risk of heart attacks. They found that a person who burns off at least 2000 calories per week tends to have a stronger heart.

Burning off that many calories isn't easy. However, a jogger would have to run three miles in 30 minutes each day, for six days a week.

A bicyclist would have to pedal 10 miles per hour for 5 1/2 hours a week. A swimmer would have to swim 30 minutes a day, six days a week. A tennis player would have to play one hour a day, five days a week.

The studies show that fitness may require more work than many people thought. For years, experts believed people could stay fit by working out 20 minutes a day, three days a week.

Now, experts say people should exercise at least 30 minutes a day. They should work out at least five days a week.

Experts add that vigorous exercises such as running are not needed to stay in shape. Walking can be just as good. However, it must be done regularly. People must walk 22 miles a week at a brisk pace to burn off 2000 calories.

****

TRUE OF FALSE?

Rewrite or correct the false statements.

1. Experts say people must burn off at least 2000 calories a week to keep fit. _____

2. Regular exercise increases a person's risk of heart attack. _____

3. Burning off 2000 calories per week isn't easy. _____

****

****

4. Studies show fitness requires less work than people once though. _____

5. Experts say vigorous exercise is necessary to stay in shape. _____

6. Walking for fitness must be done briskly and regularly. _____

_____ TOTAL NUMBER CORRECT

****

MAKE A LIST _____

List five ways a person can exercise to burn 2000 calories.

1. _____

2. _____

3. _____

4. _____

5. _____

****

Describe your plan for physical fitness.

_____

_____

_____

_____

_____

_____

_____

****

****

LESSON 5

EXERCISE THREE

****

APPLYING TO REAL-LIFE SITUATIONS
READ THE FOLLOWING ARTICLE FROM READER'S DIGEST
HOW TO RECOGNIZE-AND SURVIVE - A HEART ATTACK
by Richard Ames

At least 50,000 Americans will die unnecessarily this year because they don't react promptly to the Early Warning Signs of a heart attack. Here's what you need to know to save your life.

Call this a crash program in practical cardiology. Granted, it won't tell you much about how the heart functions, or about the many kinds of heart diseases and how to treat them, but it will tell you how you can have a heart attack and live.

The key is knowing the Early Warning Signs (EWS) of a heart attack. These are the patterns of discomfort and distress that appear in your body minutes, hours, days or even weeks before a heart attack develops. They tell you clearly, "This may be a heart attack. Get to a doctor or hospital now." They're worth studying. More than 650,000 Americans will die of heart attacks this year, one third of them before they reach a hospital; at least 50,000 of these early deaths could be prevented if victims knew the EWS and received care within two hours.

Take, for example, the case of John P. who works at a service station in Springfield, Mo. Fortunately for John, the local newspapers and television stations have been carrying on an educational campaign about EWS since mid-1971. Last winter, while repairing a truck outside his garage, John felt a sensation of pressure behind his breatbone. In five minutes, the discomfort had worsened and an aching had appeared in his jaw and left arm. He went inside for a coffee break. But rest didn't help. In fact, by now, intense pain also had developed in his upper abdomen. He began to have difficulty breathing, and felt as if a heavy weight were pressing against the center of his chest. Suddenly, the words "heart-attack" popped in the his head, and with them the drawing he had seen of a man with pain spreading across his chest and running down the inside of both arms.

John grabbed the telephone and called his wife. Minutes later, they were on their way to nearby St. John's Hospital. They arrived just in time. At that moment John's heart began to fibrillate, changing from its regular rhythm into the writing, worm-like motion that pumps no blood.

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When fibrillation begins, death or permanent brain damage occurs within four minutes unless normal heart rhythm is restored by electric shock or drug therapy. John received both treatments within seconds; four weeks later, he was back at work.

"What we have done with our EWS program is to take the mystery out of heart attacks," says Springfield cardiologist Glenn O. Turner, the man who spearheaded the Missouri campaign. Working with other health professionals, artists and journalists, and in cooperation with the Greene County Division of the Missouri Heart Association, Dr. Turner boiled down the very complex subject (there are, for example, more than 20 types of heart diseases, and many kinds of early symptoms) into information useful to laymen.

The results have been impressive. By focusing public attention on these Early Warning Signs, the campaign has caused an increasing number of patients to call for help while there is still time. A study conducted at St. John's Hospital before and after the program began shows that during the campaign the number of patients admitted with actual or threatened heart attack increased by 20 percent, and admissions made directly into the hospital's cardiovascular care unit increased by more than 50 percent. Before the program, the median delay between first, onset of symptoms and the patient's decision to call a doctor was 46 hours. After the program, median delay time dropped to 2.8 hours - still, as Dr. Turner puts it, "a long way from the ideal of getting help to all patients within one hour, but nevertheless a vast improvement."

So successful has the Springfield program been that the medical community has accepted it as a national model. Dr. Turner has been appointed by the American Heart Association to a three-man task force that will be implementing EWS programs across the country. Many states now have plans afoot.

Sums up Dr. Paul N. Yu, president of the American Heart Association: "The mass education program about EWS spearheaded by Dr. Turner stands as a superb example of a practical and highly effective way to reduce the death toll from heart attacks. Know these Early Warning Signs and seek care promptly. A little knowledge is not always a dangerous thing-not when it can save your life!"

WHAT TO DO IF YOU FEEL THE EARLY WARNING SIGNS OF A HEART ATTACK

- Call your doctor immediately. If he is not available at once, get to the closest hospital.

Calling the doctor first can save time; he may be able to determine over the phone whether you are having a heart attack; if you are, he can arrange for speedy admission to the hospital and provide an ambulance, if necessary. In calling either doctor or hospital, emphasize that this is a heart emergency, requiring instant care; don't be put off by administrative red tape at either location.

- When you reach the hospital, insist upon prompt care, either in the emergency room or in the coronary-care unit.

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- Use the fastest transportation you can get. If you must wait even 10 or 15 minutes for an ambulance, and a car is available immediately, take the car. Don't be too concerned about bumps along the way; a moderately rough ride will not worsen your condition, but delay could be fatal. Try to get someone to drive you, and someone else to care for you on the way; but if no one is available, drive yourself, since this is less risky than remaining home alone.

- While traveling to the hospital, sit upright unless you feel very faint. Heart pain is usually worse when one lies down.

- If nitroglycerin tablets are handy, place one under your tongue. It may ease pain and stress within a minute or two. Self-medication is justified in this rare instance.

- If you are transporting the patient, watch him carefully. If he loses consciousness, and especially if his heart cannot be heard when someone holds an ear to his chest, stop the car immediately, place the patient on a hard surface outside the car, and apply cardiopulmonary resuscitation to restore blood flow and breathing. Perform these vital functions for the patient until he recovers or until an ambulance arrives. Failure to apply CPR within four minutes can cause permanent brain damage or death.

- In selecting a hospital, have two things in mind: Is it close? Is it equipped to provide truly adequate heart care? Find out now from your doctor which nearby hospital has a coronary-care unit, or at least a good emergency room, and how you can reach the hospital and be admitted without delay. The ideal is to have the patient in a good hospital within one hour of the onset of symptoms.

****

****

SUMMARY OF INFORMATION

The heart is in the center of the chest, not on the left, as many beleive. The most common sign of a heart attack is discomfort here in the center, just "under the necktie." This is usually not a sharp, jabbing pain, but a sensation of pressure, fullness, squeezing or aching. It is caused by a lack of oxygen in the heart muscle, and may be mild, moderate or severe in intensity. The discomfort may affect only the center of the chest or may radiate through the whole chest. It may subside in a few minutes or a few hours, only to return hours, days, or weeks later. Don't be falsely reassured by temporary stopping of the pain: many patients have had repeated warnings of this type, but have delayed taking action until a damaging or fatal attack occured.

Distress may extend from the chest into one or both arms or may appear in the arms alone. It may be mistaken for arthritis, bursitis or muscle strain. To tell the difference, raise your arms above your head; pain due to arthritis or bursitis will be aggravated by this maneuver, heart pain will not. Discomfort may radiate into the neck and jaws, or one or both sides, and in front or back. It may be mistaken for a toothache, arthritis or a "stiff neck." To rest, turn your head or bend your neck; heart pain will not be aggravated, whereas most pain originating in the neck will be. Differentiation of a toothache from heart attack may be more difficult; check with a doctor in case of any doubt. Usually pressure, fullness, squeezing or aching - may appear in the upper abdomen, where it is often mistaken for indigestion. Usually it is not confined strictly to the abdomen, but overlaps, the lower chest at the fork of the ribs. Nausea or vomiting may occur with this pain. Back pain may be the only sign of heart attack. Usually this is located between the shoulder blades, and is similar to the "tired hurt" experienced after tedious work involving protracted use of the arms and hands, and stooping of the shoulders. Heart pain often occurs in a combination of patterns. The most common combinations are chest and arm pain, chest and neck and jaws, or pain in all these areas. Not frequently, pain in the neck and jaws, abdomen, arms and back may be even more severe than that in the chest. Shortness of breath, nausea or vomiting, and heavy, cold sweating may occur with any of these combinations. Unexplained sweating, particularly if associated with pain in any of the area just described, always should be considered a possible sign of heart attack. Pain in the left chest wall, centering on the left nipple, is almost never a sign of heart attack.

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This pain may be a sharp, jabbing sensation lasting a second or two, a dull soreness lasting for minutes or hours, or a combination of the two. Many tense individuals experience this pain often, and mistake it for an indicator of heart disease, which it is not. It should, of course, be checked by a doctor if it persists.

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Illustrate the information discussed in the last two paragraphs. If you do not want to draw any pictures to illustrate the ideas make a chart or a list of the facts. Use page 154 to fill in the chart to compare the causes and effects of a heart attack and a stroke.

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Summarize what you learned from the article.

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P.S. MAKE SURE THAT YOU READ THE FIRST PARAGRAPH AND THE LAST PARAGRAPH. WRITE THE SUMMARY USING COMPLETE SENTENCES.

When you finish be sure to re-read and re-write any sentences that need correction. Proofread everything you write from a single sentence to a paragraph or several paragraphs. Each time you re-read your writing you will edit and find errors as well as better ways to express yourself.

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HEART ATTACK

CAUSES	EFFECTS

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STROKE

CAUSES	EFFECTS

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LESSON 5

EXERCISE FOUR

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PRACTICING COMPREHENSION

Before you read the story called "About Family Violence," be sure you know the meaning of these words and phrases. Discuss them in your group.

Then read the story. Use the phrases to fill in the blanks in the following sentences.

coma	critical	battered woman	common
press charges	violence	toll free	

1. Experts say a recent murder case helped them take a clearer look at family _____.

2. They say the combination of wife and child abuse is becoming a _____ pattern.

3. Police found the adopted daughter of Joel Steinberg bruised and in a _____.

4. A _____ often lives with a sense of being trapped.

5. Living with an overly _____ man convinced her that she deserved the beatings.

6. Studies show that if a woman can _____ and the man is arrested, his abuse may stop.

7. The National Child Abuse Hot Line has a _____ _____ number that callers may dial 24 hours a day.

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CASE FOCUSES ON FAMILY VIOLENCE

Earlier this month, a New York City couple was charged with murder. The victim was their 6-year-old adopted daughter, Lisa. Experts say the case helps people take a closer look at the issue of family violence.

The woman in the couple, Heeda Naussbaum, had called the police. She told them that her daughter had choked on some food. She also said the little girl had fallen a lot lately on roller skates.

Police were shocked by what they saw in the apartment. The girl was "totally naked, filthy and near death." Bruises covered her body. She was in a coma. She never awoke, and died a few days later.

TWO CHARGED

Police charged lawyer Joel Steinberg and booked editor Hedda Naussbaum. Naussbaum was placed in a prison hospital. She had a broken jaw and nose, nine cracked ribs, and other injuries.

Those who knew the couple say Steinberg abused Naussbaum for more than 10 years. Experts say the case shows a pattern that is becoming more common. Wife and child abuse are closely linked.

Experts used to have a different view of abuse in families, said Karla Digirolamo. She heads a group that studies violence in the home.

"We used to think husband beats wife, wife beats kids, kids beat dog," Digirolamo said. "Now we find that the abuser in a family abuses everyone.

ABUSE LINKED

Experts say that child abuse and spouse abuse are linked about 40 percent of the time. The relationship between the abuser and his partner is complex.

An overly critical man convinces the woman she is worthless. He feels the need to control those around him. She feels dependent upon him, however, she loses self-respect, and comes to believe she deserves the beatings. She often is afraid to leave.

This society has few supports for battered woman. When a woman leaves, she risks losing her children, her home, and the things she owns.

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FEEL TRAPPED

"There is a sense of being trapped," said one former battered wife. "You live in terror and your thinking is changed."

Often, a battered woman refuses to press charges against the man. A new study shows that when a man is arrested, he is far less likely to repeat his actions.

Most states have toll free telephone hot lines to report cases of abuse. There is also a toll free National Child Abuse Hot Line. Callers should dial (800) 422-4453. It is open 24 hours a day.

Call the couple charged with the family violence. Pretend you are a case-worker and a certified psychologist.

Write what you would say to the lawyer and book editor during the telephone conversation.

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Describe or imagine a situation concerning family abuse or violence. Write a letter to the individuals trying to convince them that there is a better choice or a more effective way to solve problems.

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LESSON 5

EXERCISE FIVE

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THINKING PRACTICE

Cause and Effect are important skills in developing effective reading. The cause is the reason for something and the effect is the result or consequence.

Try to figure out the causes for the accident described in the newspaper article. "TEEN DIES IN WRECK; DRIVER MAY BE CHARGED."

List all causes(s) and effect(s) on the chart.

EXAMPLE: a 16-year old Lower Valley girl was killed early Saturday and the driver of the car....

CAUSES(S)	EFFECT(S)
blood alcohol content of driver twice the legal limit	16-year old girl killed

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TEEN DIES IN WRECK; DRIVER MAY BE CHARGED
by Amber Smith

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A 16-year old Lower Valley girl was killed early Saturday, and the driver of the car she was riding in is expected to be charged with involuntary manslaughter, police said.

Leticia Bustamante of the 8700 block of Plains was pronounced dead at the scene of the 2:30 a.m. accident in the 2800 block of Zaragosa. She was the daughter of Carlos and Dolores Bustamante.

Three other passengers and the driver either had been treated and released for minor injuries or remained in stable condition at area hospitals late Saturday.

The driver of the car, 20-year old Vicente Gomez of the 800 block of Oaxaca, was the only occupant who was wearing a seat belt, according to a report by officer Antonio Alvarez of the Traffic Division. His report also said that beer bottles were found in the car, a 1984 Ford Escort.

Gomez, a food services employee at Providence Memorial Hospital, was in stable condition at Vista Hills Medical Center late Saturday. The police report said emergency room doctors found a plastic bag of marijuana in the man's pants, and that his blood-alcohol count registered 0.19 almost twice the legal limit.

Godfrey Rivera, 18, of the 300 block of Arviz, and Joe Reyna, 18, of the 8700 block of Plains, were taken to Thomason Hospital, where Rivera remained in stable condition late Saturday. Reyna, who told police that Bustamante was his wife, was released later in the day.

Fracisco Lucero, 19, of the 900 block of Navarrette was not injured in the accident. He told investigators the five had attended a party in the Pasodale area until police shut it down before midnight Friday.

They then pitched in for a case of Budweiser and drove to Scenic Drive drinking it, Lucero told police.

Gomez was southbound on Zaragosa when he veered off the road and overcorrected, crossing both lanes to the opposite side of the road and rolling the car over at least once.

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Make up a three stories that illustrate cause and effect.

Story 1. _____

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CAUSE	EFFECT

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Story 2. _____

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CAUSE	EFFECT

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Story 3. _____

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CAUSE	EFFECT

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El Paso Times

LESSON 5
EXERCISE SIX

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WRITING AND IMAGINING

SURGERY GIVES TEEN-AGER A SMILE

A New technique transplants leg nerves and the chest muscle in the face.

For most boys, adolescence is a time of insecurity.

But Mark Provard, 13, is entering his teen-age years with optimism and good feelings about himself.

He has a new school and new friends - and is well on his way to having a new face.

Born 13 years ago with a partially paralyzed face, Mark Provard had been unable to smile, blink his right eye, speak well or hear correctly. Two years ago his parents Betsy and Steven, learned about a new microneurosurgical procedure to correct such conditions.

Mark has had two such operations and faces two more, but already improvements are evident. As a result, the boy has a new outlook on life.

He has quite a bit of therapy and more surgery ahead before his happy look becomes a more normal grin. But his new straight-line smile - a drastic contrast to a severe droopy look he had just several months ago - pleases him.

"That's the biggest wish I ever made up," he said about wanting to smile," and it came true, for the very first time."

Mark was referring to his most recent surgery, in July, when he and his family traveled again to Norfolk, Va., where surgeon Julia Terzis removed a muscle from his chest and transplanted it into his face.

In May 1985, the surgeon transplanted nerves from his legs to three paths across his face and attached them to healthy nerves in his right ear. It took a year for new fibers to grow in the implanted nerve tubes.

The 13-hour July operation hooked Mark's new nerves to the transplanted muscle.

Terzis performed the procedure from the inside of Mark's mouth, a technique she developed and performed for the first time on Mark. Although the technique eliminated facial scarring, it caused tremendous temporary swelling.

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"The one thing I did not like in babies and young children was the external incision I had to do," Terzis said, "so in the last few months I eliminated that, and do all my work from within the mouth."

Mark must practice smiling in a mirror. Although he can move those muscles now, he needs to train them to smile correctly.

In addition to therapy after each operation, Mark had to prepare his face for each procedure, including joining deteriorating muscles with an electric stimulator.

Mark's condition technically is called Mobious Syndrome, nerve paralysis of the right side of the face.

He complained frequently that other children called him ugly. "I'm really happy I did the operation," Mark said. "I was hoping I'd be getting new friends, and I did - about a million."

"Before I knew I was going to have the operation...I had a few friends, but it wasn't very exciting," the seventh grader said. "But now that I had the operation this summer. I have more friends. Before, they didn't notice me alot."

"I had a lot of trouble when I went to Fairview. A lot of kids were picking on me and making fun of me."

The surgery that has changed Mark's life is a procedure Terzis developed in 1979 and first used on a child in 1981.

A native of Greece, Terzis, 40, was lured from a Canadian hospital to the eastern Virginia Medical School, Norfolk, in 1981 by an offer to establish a microsurgical research center.

She magnifies nerves 20 times to be able to see them.

Terzis predicted that Mark's transplanted muscle will get stronger and will give him a symmetrical smile.

Since July, the transplanted leg nerve has been growing through the transplanted muscle.

"There is definite animation of his face. Before, it was dead - no movement at all," she said.

Mark's next operation - probably next summer - will hook the transplanted nerve to his right eye, to "give him the ability to blink his eye and move his eyebrow," his mother said.

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The fourth, and possibility final operation, will be a revision of previous procedures - "to see if any detail needs to be taken care of... make it look a little better," she said.

Betsy and Steven Provard have another son, Matthew, II. The family recently moved from Chambersbur, Pa.

"When it's all over, I expect to look like my dad," Mark said.

****

Write a friendly letter to Mark about his surgical improvements and his next operation. Remember to include the date in the upper right hand corner, greeting, body, and the closing with your signature.

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Dear Mark,

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Describe the kind of person Mark was before his surgery.

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Describe Mark's personality and future after the surgery.

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Describe your personality and how you would have handled a partially paralyzed face or a similar disability, if you had no hope for surgery.

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LESSON 5
EXERCISE SEVEN

Supplementary Readings

READING LOG

Reading silently for twenty minutes each day. Use the following chart to keep a record of your readings.

DATE: _____ TIME OF DAY: _____

Title of Article: _____

_____

Name of Book, Magazine, or Newspaper: _____

_____

Main Idea: _____

_____

My Opinion: _____

_____

DATE: _____ TIME OF DAY: _____

Title of Article: _____

Name of Book, Magazine, or Newspaper: _____

_____

Main Idea: _____

_____

My Opinion: _____

_____

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WEEK 11

109. Laboratory Immunology

110. Malignant Diseases

111. Eczema

112. Asthma

113. Vascular Surgery

114. Phototherapy

115. Collagen Implants

116. Venereal Diseases

117. Geriatrics

118. Endoscopic Procedures

119. Nephrology Hypertension

120. Acute & Chronic Renal Failure

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WEEK 12

121. Fluid Electrolyte

122. Glandular Disorders

123. Hematuria

124. Hemodialysis

125. Hemofiltration

126. Hemoperfusion

127. Hypertension

128. Hyperalimentation

129. Dialysis Center

130. Kidney Stones

131. Peritoneal Dialysis

132. Proteinurial

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READING 4104
LESSON 6
CHECKLIST

NAME: _____

DATE: _____

I. Check off each activity as you complete it.

	DATE COMPLETED
1. EXERCISE ONE	_____
2. EXERCISE TWO	_____
3. EXERCISE THREE	_____
4. EXERCISE FOUR	_____
5. EXERCISE FIVE	_____
6. EXERCISE SIX	_____
7. EXERCISE SEVEN	_____

II. COMMENTS:

_____

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LESSON 6

EXERCISE ONE

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PREDICTING

"The one in pain lies cold and scared

a rasping in his breathing"

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What do the two lines of poetry mean to you?

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Remember to survery the chapter and notice the main topics and important concepts before completing the exercises.

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STUDYING VOCABULARY

In the study of vocabulary, context clues, 3 X 5 cards, the study sheet and using the dictionary have been practiced. Another important method for learning new words is using the structure of words or the important parts of words. In the ECA courses a knowledge of the Greek and Latin word etymologies supplies an increased understanding of the definitions of the words.

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Parts of words or prefixes (words added to the beginning), roots (the basic word) and suffixes (parts of words added to the ending of a word) can be defined.

EXAMPLE:

trans/port/able
to carry across/to carry/can be carried.
Definition: something that is transportable can be carried across.

trans	=	prefix	=	to carry across
port	=	root	=	to carry
able	=	suffix	=	can be carried

Prefixes and suffixes also are called affixes.

Many Medical terms are defined by knowing the meaning of the prefix, root word, or suffix. You already know the meanings of many of the word parts or terminology.

bi	=	prefix	=	two
mono	=	prefix	=	one

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Study the chart before completing the exercises.

Word Part		Meaning
phobia	-	fear
cardio	-	heart
dermato	-	skin
gastro	-	stomach
cerebro	-	brain
pneumo	-	lungs
oto	-	nerves
hepato	-	liver
neuro	-	nerves
entero	-	gut
hydro	-	water
algia	-	pain
brady	-	slow
ectomy	-	surgical removal
nephro	-	kidney

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Define the words:

EXAMPLE:

hydrophobia =
hydro = water phobia = fear fear of water

Write the correct letter on the blank in front of the number.

	Word Part	Meaning
_____ 1.	entero	a. fear
_____ 2.	phobia	b. skin
_____ 3.	brady	c. stomach
_____ 4.	ectomy	d. heart
_____ 5.	neuro	e. liver
_____ 6.	algia	f. nerves
_____ 7.	cerebro	g. gut
_____ 8.	cardio	h. water
_____ 9.	pneumo	i. kidney
_____ 10.	dermato	j. pain
_____ 11.	oto	k. slow
_____ 12.	gastro	l. nerves
_____ 13.	nephro	m. surgical removal
_____ 14.	hepato	n. lungs
_____ 15.	hydro	o. brain

_____ TOTAL NUMBER CORRECT

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STUDY THE CHART

Word Part		Meaning
uria	-	urine
plegia	-	paralysis
pathy	-	disease
oligo	-	small, number, or amount
ostomy	-	surgical opening
pnea	-	breathing
tachy	-	rapid
megaly	-	enlargement
itis	-	inflammation
hyper	-	excesssive
ia	-	state, condition of
ology	-	science or study of

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Match the word part with the correct meaning.

	Meaning	Word Part
_____ 1.	inflammation	a. plegia
_____ 2.	excessive	b. ology
_____ 3.	condition of, state of	c. pathy
_____ 4.	science of study	d. uria
_____ 5.	enlargement	e. olgio
_____ 6.	breathing	f. ostomy
_____ 7.	surgical opening	g. tachy
_____ 8.	small amount	h. pnea
_____ 9.	rapid	i. megaly
_____ 10.	disease	j. itis
_____ 11.	paralysis	k. hyper
_____ 12.	urine	l. ia

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MEDICAL VOCABULARY
by Marvin McLellan

The emergency care professional's need to master the skill of medical terminology often is neglected. In order to effectively communicate with others in the medical field, being fluent in medical terminology and abbreviations is a necessity.

Medical terminology is efficient, saves space, is factual, and explains the entire situation as briefly as possible. In the prehospital care field, the rescuer must bridge the gap between the patient's location and the emergency room physician or nurse. The ability to convey your patient's condition in a clear and complete manner is vital in the assessment and treatment of your patient. You must be the eyes and ears of the emergency room physician or nurse. Your choice documentation and fluent communication with the ER staff will not only save time, but will help save your patient's life.

The language of modern medicine is an accumulation of words and word components from dozens of ancient and modern languages. Advancements in medical terminology are a result of over 3,000 years of scientific progress.

Though many languages are responsible for the creation of the language of medicine, 75 percent of today's medical terms are constructed of Latin and Greek components. Because of the great influence of these languages it is necessary to first create a foundation for your new medical vocabulary by translating each word component into English. For example, the word "dyspnea" consists of two-word components-dys/pnea. Prefixes are usually prepositions placed at the beginning of the root word. The addition of the prefix modifies the meaning of the medical term.

The suffix of a medical term is placed at the end of the root word; it also modifies the definition of the medical term. One must remember that there is no limit to the number of root-word components which can be compounded to form a medical term, nor is the number of prefixes and suffixes used within a medical term, but prefixes and suffixes cannot be linked without a root-word foundation to build upon the medical term.

In order to facilitate proper enunciation of word components utilized in the construction of a medical term, a vowel frequently must be inserted between the root word, prefix or suffix. The addition of a vowel bonds the newly formed medical term's word components together modifying the root to its "combining form." This modification in the root-word component structure allows it to be combined with prefixes or suffixes to create a single medical term. For example, the root-word foundation "port" means "to carry" in Latin.

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Note how prefixes and suffixes can modify the meaning of the root word.

port:	to carry
transport:	to carry across
export:	to carry out of
import:	to carry into
portable:	to be carried

Defining each component into its English translation will provide you with the whole medical term's meaning.

dys:	difficult, abnormal
pnea:	breathing
dys/pnea:	difficulty breathing

****

1. analgia: _____/_____ _____
2. hyperthermia: _____/_____ _____
3. pneumothorax: _____/_____ _____
4. stenosis: _____/_____ _____
5. semiplegia: _____/_____ _____
6. cervical: _____/_____ _____
7. hemostasis: _____/_____ _____
8. tachyrhythmia: _____/_____ _____
9. narcosis: _____/_____ _____
10. hepatitis: _____/_____ _____

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Medical terms, comprised of word components frequently can be divided into three parts-the prefix, root and suffix. The root word is the foundation or basic component of a medical term. It is often derived from either Greek or Latin and retains its foreign meaning. By linking other word components to the beginning or end of the root word, the meaning of the medical term is changed. For example, "cardio is word meaning "heart", therefore it can be used as a root word for many word combinations referring to the heart.

cardio:	heart
cardiology:	study of the heart
carditis:	inflamation of the heart
tachycardia:	fast heart

****

Referring to Tables 1, 2, and 3 that follow, identify the prefix, root and suffix components of the following medical terms:

****

Term

1. venipuncture
2. hematoma
3. sublingual
4. psycosis
5. intercostal
6. obturator
7. anemia
8. anterolateral
9. myocardium
10. intrapleural

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As previously stated, improving your medical terminology is similar to learning a new language. Words must be broken down to their components, translated into English and defined. Of course the EMS professional will never have the capacity nor time to memorize every root word, prefix and suffix used in the medical field today. Tables 1-3 provide an initial listing of commonly used word components in the pre-hospital care field. The next step in improving your medical vocabulary consists of many long, hard hours of independent study. The process of improving one's medical vocabulary must be taken gradually, one step at a time. Set aside 15 to 20 minutes each day for reviewing new medical terms and term components. Once terms commonly used in emergency medicine are comfortably committed to memory, learning new medical terms to insure that the meanings of root words, prefixes and suffixes are fully understood. When continuing your studies in medical terminology, strive for accuracy. Misspelling or mispronunciation of even one letter in a medical term can alter its meaning completely. For example, hyperglycemia (excessive blood sugar), and hypoglycemia (insufficient blood suger) often can be confused.

A flash-card system can be designed so that throughout your career in medicine, new words and word components can be listed and defined. The card file is inexpensive and, if kept current, will provide you with a limitless source of up-to-date medical terms and their word components.

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Comments about the article:

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Combine roots, prefixes and suffixes to make ten medical terms you have studied. Use Tables 1, 2, and 3.

	Prefix	Root	Suffix	Term
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

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TABLE 1

PREFIXES

a-	without, not	epi-	upon, in addition
an-	without, not	equi-	equal
ab-	away from	ex-	out, away from
ad-	toward	exo-	outward
ant-	against	extra-	outside of, in addition to
anti-	against	homo-	same
auto-	self	hypo-	below, beneath, under
antero-	before, front	hyper-	above, increased excessive
ante-	before, front	in-	within, inside, into
bi-	twice, two	inter-	between
bis-	twice, two	intra-	within
brady-	slow	iso-	equal
co-	together	leuko-	white
con-	together	macro-	large
de-	down from	mal-	bad, poor
di-	double, twice or apart from	medi-	middle
dys-	abnormal, painful	micro-	small, minute
en-	into, within	mono-	one
endo-	within, innermost	narc-	stupor

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neo-	new	ab-	against, to close
pan-	all	per-	by, through
peri-	around	poly-	many, much
post-	after, following	pre-	before
pseudo-	false	re-	back again
retro-	backward	semi-	half
sub-	under, beneath	supra-	above
syn-	union, together	tachy-	fast
trans-	across, over	ultra-	beyond, excess
un-	not, reversal	uni-	beyond, excess
vi-	necessary		

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TABLE 2

ROOT WORDS AND COMBINATIONS

algia	=	painful condition	hepa	=	liver
alg(e)(o)	=	relating to pain	hepato	=	liver
arthr(o)	=	joint	hydro	=	water
brachi(o)	=	arm	hystero	=	uterus
bronch(o)	=	bronchi	laryngo	=	larnyx (voice box)
cardi(o)	=	heart	lingua	=	tongue
carpo	=	wrist	lingual	=	tongue
cyte	=	cell	myelo	=	spinal cord
cyto	=	cell	myo	=	muscle
cervic	=	neck	narco	=	numbness, stupor
cephal	=	head	necro	=	death
costo	=	rib	nephr(o)	=	kidney
cysto	=	bladder	neur(o)	=	nerve
cuti	=	skin	noct(ur)	=	night
derm	=	skin	ocul(o)	=	eye
dermat	=	skin	opthalmos	=	eye
ectop	=	misplaced	opthalm	=	eye
em	=	blood	ortho	=	straight, normal
enter(o)	=	intestines	osteo	=	bone
esthesia	=	sensations, feelings	oto	=	ear
fibro	=	fibers	path	=	disease
gastr(o)	=	stomach	ped	=	child, or foot
gloss(o)	=	tongue	pedi	=	child, or foot
hem(a)(o)	=	blood	pharyngo	=	throat, pharnyx
hemato	=	blood	phleb(o)	=	vein

****

phaso(ia)	=	speech	phon(o)(ia)	=	voice
photo	=	light	plasm	=	formation
pnea	=	breath, breathing	pneumo	=	air, lung
pod	=	foot	psych	=	the mind
pleg(ia)	=	paralysis	ren(al)	=	kidney
rhin(o)	=	nose	sarco	=	flesh
scler(os)	=	hard, hardening	sepsis	=	germs, presence of infections bacteria
stasis	=	half, stopping, stagnation of flow	sten(o)	=	narrow, constrict
thyro	=	thyroid	thermo	=	heat
vaso	=	vessel			

****

****

TABLE 3

SUFFIXES

-al	=	pertaining to, capable of
-c	=	pertaining to
-cide	=	destructive, to kill
-cule	=	little, minute
-ectomy	=	surgical removal
-form	=	shaped-like, having the form of
-ia(sis)	=	a state, condition of
-ible	=	ability, capacity
-id	=	expressing a state
-ion	=	a process
-ious	=	pertaining to
-itis	=	inflammation
-logist	=	specialist, a doctor
-ma	=	result of action
-megaly	=	enlargement
-ology	=	science of, study of
-oma	=	tumor
-omy	=	to cut
-ostomy	=	to form an opening or outlet
-otomy	=	incision, to cut
-pathy	=	abnormality
-plasty	=	repair
-rhea	=	flow, discharge
-rrhea	=	flow, discharge
-scopy	=	to examine
-sis	=	disease, a condition
-tic	=	pertaining to

****

****

VOCABULARY EXERCISE

COPY AND FILL IN THE CHART WITH THE CORRECT DEFINITION USING YOUR KNOWLEDGE OF PREFIXES, SUFFIXES, AND THEIR MEANINGS

COMMON MEDICAL WORDS PARTS				OTHER EXAMPLES OF WORDS
Example:	Prefix or Suffix	Meaning	Definition	
arthritis	arth	joint	_____	_____
cephalic	cephal	head	_____	_____
dental	dent	tooth	_____	_____
dyspnea	dys	ill, hard	_____	_____
endothelium	endo	within	_____	_____
hypertension	hyper	excessive acute	_____	_____
mesoderm	meso	middle	_____	_____
nephralgia	nephr	kidney	_____	_____
odontoid	odont	teeth	_____	_____
osteoclasis	osteo	bone	_____	_____
rhinoscope	rhin	nose	_____	_____
flexor	flex	bend	_____	_____
odontalgia	algia	pain	_____	_____
cardiac	cardi	heart	_____	_____
cytology	cyt	cell	_____	_____
dermatology	derm	skin	_____	_____
ectopic	ecto	outside	_____	_____
pregnancy		pregnancy	_____	_____
hematology	hem	blood	_____	_____
hypodermic, hypothyroidism	hypo	under deficiency	_____	_____
metastasis	meta	change	_____	_____
neuralgia	neur	nerve	_____	_____
orthodontist	ortho	straighten	_____	_____
pneumonia	pneum	lungs	_____	_____
ambulatory	ambul	walk	_____	_____

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THE 14 WORDS THAT MAKE ALL THE DIFFERENCE

SOURCE: The Content Reader - A Handbook for the Teacher - Pages 176-177

****

The words listed below make all the difference because they contain the most useful shortcut yet discovered to a bigger vocabulary. These 14 words contain the 20 most important prefixes and the 14 most important roots — most important because they are found in over 14,000 words of collegiate dictionary size or close to an estimated 100,000 words of unabridged dictionary size.

THE 14 WORDS

(KEYS TO THE MEANINGS OF OVER 14,000 WORDS)

Examples of Words		Definitions of Words			
		Prefix	Meaning	Roots	Meaning
1. precept	=	pre-	(before)	capere	(take, seize)
2. detain	=	de-	(away, down)	tenere	(hold, have)
3. intermittent	=	inter-	(between, among)	mittere	(send)
4. offer	=	ob-	(against)	ferre	(bear, carry)
5. insist	=	in-	(into)	stare	(stand)
6. monograph	=	mono-	(one, alone)	graphein	(write)
7. epilogue	=	epi-	(upon)	legein	(say, study of)
8. aspect	=	ad-	(to, towards)	specere	(see)
9. uncomplicated	=	un-	(not)	plicare	(fold)
		com-	(together, with)		
10. nonextended	=	non-	(not)	tendere	(stretch)
11. reproduction	=	re-	(back, again)	decere	(lead)
		pro-	(forward, for)		
12. indisposed	=	in-	(not)	ponere	(put, place)
		dis-	(apart, not)		
13. oversufficient	=	over-	(above)	facere	(make, do)
		sub-	(under)		
14. mistranscribe	=	mis-	(wrong)	scribere	(write)
		trans-	(across, beyond)		

****

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WORD-FORMING EXERCISES

DIRECTIONS: Form as many words as you can using the lists.

PREFIXES	ROOTS	ROOTS	SUFFIXES
dis	like	measure	tion
con	arm	fruit	less
re	color	arrange	able
in	direct	human	ment
un	courage	perfect	ful
de	mark	whole	ize
sub	easy	collect	ly
en	speak	construct	ness
mis	locate	order	ing
pre			ed

_____

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LESSON 6
EXERCISE TWO

****

FOLLOWING DIRECTIONS

Fill in the crossword puzzle with the correct word.

		1						2		5		6
3						4						
		7										

ACROSS

1. Increase
2. looks like

DOWN

2. Opposite of live
4. closes an opening
5. not dying
6. disturb or bother
7. learn

****

****

UNSCRAMBLE THE LETTERS TO FIND THE ANSWER. WRITE IT ON THE BLANK UNDER THE DEFINITION:

_____	1. knowledge	r f e m y i t d o
_____	2. "finger or toe"	s l i n o i t d c a o
_____	3. joint bone that slips out of normal position	c e r f r a t u
_____	4. broken or cracked bone	g l e l s w i n
_____	5. a "puffed up" or area that "grows larger"	c t o i n l o o r d i s a
_____	6. lower part of the abdomen	c p u e l i
_____	7. to break apart or tear tissue	e l l g r c i a
_____	8. physically incorrect body structure	s r i a p n
_____	9. overstretching of tendons or muscles	r u r t p e u
_____	10. bruised or colored unusually	s t i a n r s
_____	11. an injury to ligaments around the joint	n i a m o t i r o f n
_____	12. abnormal reaction to a substance	t i i g d

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****

LESSON 6

EXERCISE THREE

****

APPLYING TO REAL-LIFE SITUATIONS

Imagine that you are a certified EMT and it is 10:30 p.m. when you receive a call for a 24-year old male trapped in an industrial machine. Upon arrival at the scene you find the patient standing on a stool with his arm caught up to the elbow in a conveyor. You are unable to see the arm below the point of entrapment but you can see bright red blood spurting onto the floor beneath the conveyor. You estimate that there is a blood loss of approximately two pints. Examination reveals that the patient is oriented but extremely anxious and apprehensive, has a respiratory rate of 36, a pulse rate of 130, a blood pressure of 100/80 and cold, clammy, pale skin. The patient has no previous medical history and takes no medication.

List the types of bleeding:

_____

_____

_____

What pressure points would you utilize to stop the bleeding?

_____

_____

_____

Describe the situation:

_____

_____

_____

_____

_____

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****

Write a paragraph to finish or conclude the story. Include the treatment.

****

****

LESSON 6

EXERCISE FOUR

****

COMPREHENDING THE PARAGRAPH

Your 81-year old patient has fallen and fractured his hip. Identify by numbering, the correct sequence for applying board splints to the injured extremity.

_____ apply gentle manual traction to the injured extremity

_____ determine the exact location of the injury

_____ tighten the cravats

_____ check distal neurovascular function

_____ position padding in the armpit and the groin and all the voids created by the knee and the ankle

_____ position the board splints, the long board on the outside, extending from the armpit to beyond the ankle and the medium board, on the inside, extending from the groin to beyond the ankle.

_____ recheck the distal neurovascular function.

_____ position the cravats, the first at the proximal end of the long board, the second at the level of the patient's waist, the third at the thigh, the fourth just above the knee, the fifth just below the knee, the sixth at the ankle and the seventh at the distal end of both boards.

_____ check to make sure the splint is properly secured in place.

_____ remove the shoe and sock and cut the pant leg to expose the injured extremity.

****

****

A well-written paragraph usually includes a thesis statement or main idea, examples or supporting details and a summary or conclusion.

After you have identified the sequence of events or details re-write them in correct sentence form.

Add another paragraph to describe what happened after the application of the board splint to the injured extremity. Be creative when you imagine your information.

Make sure you write a strong conclusion. Re-state or paraphrase the main idea of the paragraph.

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LESSON 6

EXERCISE FIVE

****

THINKING PRACTICE

From Emergency Magazine

It is 7:30 p.m. when you receive a call for a 38-year old female who began having shortness of breath while eating steak at a local restaurant. Upon arrival at the scene you find the patient to be extremely uncomfortable and unable to swallow but exchanging air effectively. The patient's color is good, lung sounds are clear and there is no accessory muscle usage or intercostal retraction. Further examination reveals that the patient has a respiratory rate of 26, a pulse rate of 112, a blood pressure of 164/88 and warm, dry skin. The patient has no previous medical history and is five months pregnant.

Circle the letter of the correct answer.

1. This patient is most likely suffering from which of the following?

   a. a severe allergic reaction
   b. an acute asthma attack
   c. a partially obstructed airway
   d. "hyperventilation syndrome"
   e. eclampsia

2. Treatment for this patient would include which of the following?

   a. administering four backblows
   b. having the patient rebreath into a paper sack
   c. performing four manual thrusts
   d. administering oxygen
   e. inserting an oropharyngeal airway

3. If the problem became severe and the patient was unable to breath effectively, which of the following treatments would be indicated?

   a. delivering four backblows
   b. inserting an oropharyngeal airway
   c. performing four abdominal thrusts
   d. inserting an esophageal airway
   e. performing four chest thrusts

****

****

Pretend that as an ECA or EMT employee you have to write a log for the Emergency Medical Service System about each call.

List all necessary information from the story about the 38-year old female or make your own call for emergency assistance.

ECA OR EMT LOG

_____

_____

_____

_____

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LESSON 6
EXERCISE SIX

****

WRITING AND IMAGINING

You are on-the-job and receive the following call:

It is 3:38 p.m. when you receive a call for a 25-year old female suddenly ill. Upon arrival at the scene you find the patient to have obvious facial swelling, severe aching of the joints, and a noticeable rash on the chest and extremities. Examination reveals that the patient is oriented with a respiratory rate of 32, a pulse rate of 150, a blood pressure of 156/98 and has hot, dry, flushed skin. You are able to establish that the patient has a urinary tract infection which is being treated with Bactrim R. The patient states that she developed a rash the day before and then became severely ill today.

Describe the condition and treatment for the patient.

_____

_____

_____

_____

_____

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****

You have read several paragraphs describing calls that require the rapid response of the Emergency Services System.

Imagine your first employment experience as an ECA or EMT.

Describe the place and your feelings.

_____

_____

_____

_____

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_____

_____

_____

_____

Now write about the first call you receive. Describe the emergency conditions or situation and treatment.

_____

_____

_____

_____

_____

_____

****

Turn to the Appendix and complete the Texas Department of Health EMS Ambulance Activity Reports on pages 242-248. Make up the information using hypothetical situations.

****

****

LESSON 6

EXERCISE SEVEN

****

PERSONAL LOG

Continue to read silently for twenty minutes each day. Keep your own personal diary or log of daily events in your ECA classes. Include the following information:

FIRST DAY

DATE: _____

TIME: _____

EVENTS: _____

_____

_____

_____

SECOND DAY

DATE: _____

TIME: _____

EVENTS: _____

_____

_____

_____

THIRD DAY

DATE: _____

TIME: _____

EVENTS: _____

_____

****

****

FOURTH DAY

DATE: _____

TIME: _____

EVENTS: _____

_____

_____

_____

FIFTH DAY

DATE: _____

TIME: _____

EVENTS: _____

_____

_____

SIXTH DAY

DATE: _____

TIME: _____

EVENTS: _____

_____

_____

SEVENTH DAY

DATE: _____

TIME: _____

EVENTS: _____

_____

_____

****

****

WEEK 13

134. Renal Tubular Syndrome

135. Urinary Tract Infections

136. Menopause

137. Hormone Therapy

138. Ultrasound

139. Tubal Reconstruction

140. Perinatology

141. Macular Disease

142. Myopia

143. Hyperopia

144. Alphakia

****

****

WEEK 14

145. Astigmatism

146. Myopic Keratomelieusis

147. Hyperopic Keratomelieusis

148. Epikeratophakia

149. Phaceomulsification

150. Disc Surgery

151. Hand, Tendon, and Muscle Injuries

152. Dermabrasion

153. Mastectomy

154. Nasal Surgery

155. Psychotherapy

156. Alcohol and Drug Abuse

****

READING 4104
LESSON 7
CHECKLIST

NAME: _____

DATE: _____

I. Check off each activity as you complete it.

	DATE COMPLETED
1. EXERCISE ONE	_____
2. EXERCISE TWO	_____
3. EXERCISE THREE	_____
4. EXERCISE FOUR	_____
5. EXERCISE FIVE	_____
6. EXERCISE SIX	_____
7. EXERCISE SEVEN	_____

II. COMMENTS

_____

_____

_____

_____

_____

_____

****

LESSON 7

EXERCISE ONE

****

PREDICTING

"At the scene our ambulance rests, warm hearted beast poised for flight.

We kneel to help, stablize, fight the creeping darkness closing in."

****

Explain the poetry:

_____

_____

_____

_____

_____

****

VOCABULARY PRACTICE

Define the words by circling the letter(s) of the best synonym(s). Remember that a synonym is a word that means almost the same. More than one answer may be correct.

EXAMPLE:

1. The **disoriented** accident victim sat in the car in a daze after receiving a blow to the head.

   A synonym for **disoriented** is:

   a) unconscious
   b) asleep
   c) not knowing where you are
   d) not knowing who you are

2. The woman begain to **hyperventilate** during the final stages of labor.

   A synonym for **hyperventilate** is:

   a) breathe abnormally
   b) too much pain
   c) not enough air
   d) breathe rapidly and deeply

****

****

3. The patient suffered from an attack of **nausea** after the anesthetic began to wear-off or after gaining consciousness.

   A synonym for **nausea** is:

   a) to have a convulsion
   b) to have knee pain
   c) stomach sickness
   d) stomach cramps

4. When you are doing exercise for physical fitness it is important to know how to **inhale** and exhale properly.

   A synonym for **inhale** is:

   a) to breathe rapidly
   b) to let air out of the lungs
   c) to breathe air out rapidly
   d) to breathe normally

5. The ECA instructor noticed **blurred** vision when trying to read the chart from across the classroom.

   A synonym for **blurred** is:

   a) painful
   b) unclear
   c) cloudy
   d) something in the eye

6. The spinal cord was **severed** completely due to the immense impact of the violent automobile accident.

   A synonym for **severed** is:

   a) paralyzed
   b) compressed
   c) injured
   d) cut

7. **Lethargy** is a common complaint of students near the grade period and preceding finals.

   A synonym for **lethargy** is:

   a) loss of energy
   b) too much work
   c) abnormally tired
   d) very lazy

****

****

8. The asthma victim had suffered with severe **wheezing** for almost two weeks before being admitted to the hospital.

   A synonym for **wheezing** is:

   a) whistling sound due to difficulty in breathing
   b) congestion
   c) painful breathing
   d) severe coughing

9. Road signs flashed to warn the motorists about the impending **hazard** in the road.

   A synonym for **hazard** is:

   a) something that can cause injury
   b) an animal
   c) construction worker
   d) inclement weather

10. The mentally disturbed patient first sat in the psychiatrist's waiting room in a **stupor**.

    A synonym for **stupor** is:

    a) mental confusion
    b) abnormally lazy
    c) didn't study
    d) reduced sensibilities

11. Good physical **coordination** is one of the requirements needed to be a successful ECA.

    A synonym for **coordination** is:

    a) join together
    b) meet
    c) work with colleagues
    d) work together

12. Hearing **impairment** was in existence from the time of birth.

    A synonym for **impairment** is:

    a) harmed
    b) deafness
    c) become worse
    d) make weaker

_____ TOTAL NUMBER CORRECT

****

****

MORE VOCABULARY

Underline the correct answer. Define the words by finding the antonym(s). There may be more than one correct answer.

* Remember antonyms are opposites.

EXAMPLE: ANTONYMS

1. A spontaneous event:

   planned not planned successful unsuccessful

2. A snug fit:

   worn torn loose tight

3. Angina pectoris or heart ailment:

   pain in the chest no pain in the chest
   healthy heart muscle unhealthy heart muscle

4. The impact shattered the windshield:

   did not hit did not strike expulsion hit

5. A hypothermia patient has signs and symptoms:

   body temperature too low injection
   body temperature too elevated injection under the skin

6. A hematoma on the skater's wrist:

   collection of blood in the tissues
   no collection of blood in the tissues
   caused by an injury
   not caused by broken blood vessels

7. The pencil was impaled in the wound:

   imbedded stuck into under the skin not stuck into

****

****

8. Anaphylactic shock is an emergency:

   sensitivity to drugs
   insensitivity to drugs
   sensitivity to other substances
   insensitivity to other substances

9. Ingested poisonous chemicals:

   taken by mouth
   forced to swallow
   not taken by mouth
   aspirin

10. Corrosive chemical compounds:

    water
    gasoline
    a chemical that preseves substances
    a chemical that eats away substances

11. An avulsed injury:

    skin not torn away
    burn
    not burned
    skin torn away

12. A traumatic experience:

    not resulting from stress
    not resulting from injury
    resulting from stress
    not resulting from injury

_____ TOTAL NUMBER CORRECT

****

****

LESSON 7

EXERCISE TWO

****

FOLLOWING DIRECTIONS

SYLLABLES

How many syllables or parts of the words can you count?

Write the number of divisions in the blank. Try to divide the word into syllables.

EXAMPLE: sprain _____ 1 _____ sprain

reduction _____ 3 _____ re-duc-tion

	Number of Syllables	Syllabication
rupture	_____	_____
protection	_____	_____
irrigation	_____	_____
dislocation	_____	_____
ventilation	_____	_____
bandage	_____	_____
injury	_____	_____
fracture	_____	_____
compression	_____	_____
elevation	_____	_____
information	_____	_____
deformity	_____	_____
immobilitization	_____	_____
treatment	_____	_____

****

****

Now write the words in alphabetical order.

EXAMPLE:

1. bandage
2. compression
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

_____ TOTAL NUMBER CORRECT

****

****

Practice spelling the words: Look at the whole word and try to write it in the blank. Check to see if your spelling matches the key word. Then write the word again. Add you own words to the list.

1. rupture _____ _____
2. protection _____ _____
3. irrigation _____ _____
4. dislocation _____ _____
5. ventilation _____ _____
6. _____ _____ _____
7. _____ _____ _____
8. _____ _____ _____
9. _____ _____ _____
10. _____ _____ _____
11. _____ _____ _____
12. _____ _____ _____
13. _____ _____ _____
14. _____ _____ _____
15. _____ _____ _____
16. _____ _____ _____
17. _____ _____ _____
18. _____ _____ _____
19. _____ _____ _____
20. _____ _____ _____

****

****

LESSON 7

EXERCISE THREE

****

UNDERSTANDING WORDS

Remember to look for <u>context clues</u> to discover word meanings.

Clues for guessing the context or meanings are:

1. Look for the verb to be.
2. Look for clause markers (words such as which, what, whose, whom, who, and where give the meanings of an unknown word).
3. Look for appositives or phrases of explanation after a word.
4. Look for punctuation such as commas, dashes, quotation marks, and parenthesis.
5. Look all around the word and in other sentences.

EXAMPLES:

1. Common food poisoning symptoms are nausea and diarrhea.
2. The patient who has ingested a convulsant such as strychnine may have swallowed rat poison.
3. A poison, any liquid, solid, or gas, impairs health may cause death.
4. The most common food-borne illness, staphylococcus poisoning, causes inflammation.
5. The patient ingested corrosives. Many household cleaners contain these strong acids or alkalis.

Look through your textbook and find two examples of each kind of clue.

PAGE	WORD	CLUE	NUMBER	DEFINITION

****

****

LESSON 7

EXERCISES FOUR

****

UNDERSTANDING

THE PARAGRAPH

Remember that a paragraph contains a subject or topic, a main idea and supportive information. The author specifically states a main idea to convey a particular thought.

Supportive information such as examples, arguments, comparisons, or definitions are included for further understanding.

Choose five well-written paragraphs from your textbook. List the page number, paragraph number and subject.

PAGE	PARAGRAPH NUMBER	TOPIC OR SUBJECT

****

****

When the main idea is not stated clearly you have to use the details to infer or piece together the main idea.

Find two examples of paragraphs that do not contain a main idea sentence.

PAGE	PARAGRAPH NUMBER	INFERRED TOPIC

****

Now write one original paragraph. Make sure that you have a well-written main idea and supporing details.

_____

_____

_____

_____

Write a paragraph that does not contain a main idea statement.

_____

_____

_____

_____

****

****

LESSON 7
EXERCISE FIVE

****

THINKING PRACTICE

Practice paraphrasing the main idea or writing it in your own words. Find five examples of paragraphs from the textbook and paraphrase the ideas. Use your own paper if need more room.

PAGE	PARAGRAPH	SUBJECT	PARAPHRASED MAIN IDEAS

****

****

LESSON 7

EXERCISE SIX

****

WRITING AND IMAGINING

COMPREHENSION ACTIVITIES

Practice completing the following questions and activities by using the newspaper articles that follow on pages 216-220.

Predicting and Anticipation

Questions:

a. What do you think will happen next?
b. What do you think will be the result of ——— ?
c. How does the event relate to your experience?
d. What will the stories be about?

****

Predicting and Anticipating

Activities:

a. Considering the situation of the critical condition of some emergency medical services anticipate what will happen next. Why?
b. Compare present-day conditions with those of a certain period in the past. Decide what will happen next.
c. Consider what will happen next in light of
   (1) background events
   (2) personnel involved, and
   (3) the situation
d. Make up endings for stories or future improvements

****

Predicting and Anticipating

Activities:

List some of the activities you create.

****

****

Purpose questions to keep in mind while reading

a. Would you have made the same decision as ——?
b. Can you find out if ——?
c. What is the main idea of the author?
d. What is the viewpoint of the author?
e. What are the steps of the process?
f. What is the tone or mood (happy, sad, sarcastic)?
g. Is the author's purpose to tell a story, to explain, to inform, to argue, to persuade, or to analyze?
h. Is the article based on facts or opinions?
i. What are the conclusions based upon?

****

Asking for the main idea

a. What are the topic sentences or main ideas of the paragraphs.
b. What are the main ideas or point(s) of the author?
c. What would be a good headline for each paragraph?
d. What would be a good title for the articles or stories?

Recognizing the main idea

a. Express the main idea in your words.
b. Underline the main ideas in several paragraphs in a newspaper, magazine or a textbook and note where they usually are found.
c. Write a paragraph giving a main idea.
d. Write a title for a paragraph.
e. State an appropriate headline for a selection.
f. Practice reading and making questions from the headings in heavy black print.
g. Check the main idea with the introductory and summary paragraphs of a chapter.
h. From a list of sentences select the one that best expresses the main idea of a paragraph of a selection.

****

****

PARAMEDICS THE MAINSTAY OF EMERGENCY MEDICAL CARE

by Robert Dvorchak
Associated Press

WASHINGTON - The sick junkie was dying from a bad batch of heroin. But when paramedic Bill Jones rescued him by injecting an antidote, he got no thanks.

"I was saving his life, but he was mad at me for ruining his high," Jones said.

"When I save a human life, I get a high you would never believe," said Jones, 40, who also has delivered 27 babies in his 10 years as a Washington, D.C., paramedic.

Paramedics and emergency medical technicians are the front door of medical care. They are the eyes, ears and arms of doctors. Ambulances are emergency rooms on wheels.

They never know if the next alarm will be a heart attack, car wreck, shooting, stabbing or cobra bite. Sometimes, it's less urgent: hemorrhoids, cut fingers, or people who use them as taxis to the hospital.

"This is the front line. It's Dodge City. We try to beat the devil on every call," said Calvin Haupt, an emergency medical technician here.

"They see the worst life has to offer as a routine part of their job," said John Davenagh, director of Washington's Emergency Ambulance Bureau.

Not all of it is as heroic as the life on the old television show "Emergency."

"It's a high-risk, high-stress occupation. There's high burn-out, lots of divorce, lots of alcoholism, lots of suicide. But it's exciting work - the red lights and sirens syndrome," said John Chew, an EMS specialist with the U.S. Department of Transportation.

"EMS is more dangerous than police work, more hazardous than firemen's work and more stressful than both put together," said Frank Fishburne, president of Local 3721 of the American Federation of Government Employees.

On March 19, two New York paramedics trying to aid a Manhattan man who'd slashed his left wrist were attacked by three men who "felt the EMS treatment was not to their satisfaction," said police spokesman John Clifford. One paramedic suffered a sprained wrist. The other was cut and bruised. The three men were charged with second-degree assault.

Paramedics require about 1,000 hours of training to be certified. Their pay ranges from $21,000 to $40,000. Dr. Alexander Kuehl, Vice President of the Health and Hospitals Corporation, the New York agency that runs the ambulance program, said, "EMS is a young person's occupation. People are very enthusiastic at 20. At 40, it's hard to lift a person down 17 flights of stairs."

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CITY'S EMS STRETCHES TO MEET NEEDS

El Paso's Emergency Medical Services strain to meet city needs, but have kept an excellent average response time - just over six minutes.

National standards recommend one emergency station per 40,000 population. El Paso has 9 1/2 stations for nearly 500,000 population, says John Bielawski, budget and services coordinator for EMS. Plans are being made for a new Downtown station on San Antonio Street and moving the two Westside stations farther out to meet needs caused by recent annexations. Because of El Paso's unusual geographic situation working around a mountain and Fort Bliss, 16 stations would be ideal, Bielawski says.

The city has 19 ambulances and 88 field personnel. The fiscal 1988 budget is $3.4 million. In fiscal 1987, EMS ambulances responded 25,643 times and transported 16,185 patients. Cost per response: $112.81.

There are three levels of training: EMS-basic, with a state mandate of 120 hours; EMS-special skills, an additional 160 hours; and EMS-paramedic, another 450 hours minimum. Each worker must be recertified by the state every four years. Locally, they are retested every two years with additional continuing education hours required, 80 for basic, 120 for special skills and 160 for paramedics.

Training is provided at city cost from Texas Tech Medical School in El Paso, but the worker is not paid for attending classes. Some courses also are offered at El Paso Community College.

Beginning salary for the EMS-basic is $17,763; special skills, $18,557; paramedic, $19,766, all just below the national mean.

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EL PASO TIMES
May 8, 1988
by Robert Dvorchák
Associated Press

U.S. AMBULANCE SERVICE

NEW YORK - U.S. ambulance service is in such a state of emergency that some cities should set red lights flashing and sirens wailing, experts say.

Emergency medical service "for certainly more than half the United States... ranges from deep trouble to critical but stable," said Jack Stout, a Miami consultant who has designed ambulance systems in six cities.

Emergency care has improved dramatically from the 1960's when broken bodies were simply scooped off the pavement and whisked to the nearest hospital, without thought to on-site care. Given today's capabilities, however, deaths from injury and heart attack are considered unacceptably high.

Quality and control have fallen off with a drop in federal money, lack of federal oversight and haphazard training, according to some critics. Too many systems are plagued by mismanagement, inefficiency and simple mistakes.

One tipoff to a troubled system is access. Less than half the U.S. population can get an ambulance by dialing 911. Others must know the exact department or agency to call. Britain has used a 999 number since 1930.

A properly organized and equipped national EMS system could prevent 30,000 heart attack deaths and 25,000 deaths by injury each year, according to the national Academy of Sciences.

"We're killing more of our own citizens in a year than were killed in all of Vietnam," said James Hitlin, a former paramedic in Florida and a lobbyist for a bill to promote a national EMS program.

A spot check of ambulance service in major cities by The Associated Press found:

- In Washington, D.C., a man who suffered a seizure January 17 waited 38 minutes for a lost ambulance. His family finally drove him to a hospital, where he died. Ambulances routinely take 30 minutes to arrive.

- In New York City, where 100 ambulances are dispatched every hour, two paramedics were disciplined for waiting for their sandwiches in a deli despite a call to help a many dying from a heart attack less than two blocks away. Last August, a 70-year old woman died of heart failure after a two-hour wait for an ambulance and three calls to EMS by friends and relatives.

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On the other hand:

- In Tulsa, Okla., a computer knows in an instant the ambulance nearest an emergency; instead of being parked at a station house, each vehicle moves around under guidance of the computer, which calculates when and where accidents and heart attacks are apt to happen. Ambulances must respond in 8 minutes 90 percent of the time or the private company that runs the service is fined.

- Seattle draws praise for its life-saving rate. Fire department paramedics revive half the 300 people who suffer heart attacks each year, giving them a chance to make it to a hospital. About 80 of those 150 recover completely.

The type of service varies from city to city. Some ambulances are run by fire departments, others as separate municipal services. Some cities hire private companies, others rely on hospitals. Volunteers handle emergencies in 30 percent of the cases nationwide, but only one of the 150 largest cities has a volunteer service.

As recently as the 1960's, most ambulances were operated by funeral homes because hearses were the only rigs big enough to carry patients on cots. Care was crude.

"Those were the days of 'You call. We haul. That's all," said John Chew, EMS program director for the U.S. Department of Transportation.

The federal government stepped in 22 years ago, telling states to upgrade emergency services to provide some form of rudimentary medical care. The Highway Safety Act of 1966 was used to pressure states with the threat of forfeited highway money.

In 1973, the Emergency Medical Act went further, providing $30 million over seven years to establish a nationwide EMS network. But in 1981, oversight shifted and money got tighter under the policy of putting most federal funds into block grants.

EMS allocations dropped 34 percent from 1981 to 1983, according to the General Accounting Office. State spending has made up some of the differences since but has not hit previous levels.

Sen. Alan Cranston, D-Calif., has sponsored a bill to provide $75 million for EMS and trauma centers over three years. A similar bill is pending in the House.

Ambulance care has evolved on two levels. Basic life support offers cardio-pulmonary resuscitation, bandages and oxygen provided by emergency medical technicians. Advanced life support features skilled paramedics who can inject medicine, restart hearts with electric jolts and clear airways with tubes.

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The country has 400,000 EMTs and 35,171 paramedics. Federal guidelines suggest 100 hours of training for EMTs, as many as 1,000 hours for paramedics. Only 30 states, including Texas, require certification through a written and practical test for paramedics given by the National Registry of Emergency Medical Technicians.

To get better performance, some cities have turned to private companies. Pinellas County, Fla., which includes Tampa and St. Petersburg, pays Hospital Corporation of America $727,000 a month for ambulance service.

About 65 percent of EMS providers are volunteers, but paid professionals cover the largest cities and care for 70 percent of the population.

Increasingly, towns are abandoning volunteer systems, due to a demand for more sophisticated care and to fewer people who can volunteer.

"The volunteer system is crumbling. There's no place for volunteers in a professional service," said Patrick Kennedy, president of a private ambulance company that serves Reading, Pa.

"We're not making cookies or putting out fires out here. You can rebuild a building. You can't rebuild a life."

Summarize one of the newspaper articles:

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LESSON 7
EXERCISE SEVEN

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PERSONAL LOG

Continue to read silently for twenty minutes each day. Keep your own personal diary or log of daily events in your ECA classes. Include the following information:

FIRST DAY

DATE: _____

TIME: _____

EVENTS: _____

_____

_____

SECOND DAY

DATE: _____

TIME: _____

EVENTS: _____

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THIRD DAY

DATE: _____

TIME: _____

EVENTS: _____

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FOURTH DAY

DATE: _____

TIME: _____

EVENTS: _____

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FIFTH DAY

DATE: _____

TIME: _____

EVENTS: _____

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SIXTH DAY

DATE: _____

TIME: _____

EVENTS: _____

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SEVENTH DAY

DATE: _____

TIME: _____

EVENTS: _____

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BONUS WORDS

WEEK 15

157. Depression
158. Anxiety
159. Panic Attacks
160. Ultrasonography
161. Xeromammography
162. Cat Scan
163. Xerography
164. Non-Invasive Shock
165. Artificial Teeth & Dentures
166. Dentistry
167. Endontics
168. Prosthodontics

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WEEK 16

169. Orthodontics

170. Periodontics

171. Pedodontics

172. Cosmetic Bonding

173. Nitrous Oxide

174. Conscious Sedation

175. Implant Denistry

176. Dentofacial Orthopedics

177. Sealants

178. Partial Dentures

179. Convalescent

180. Occupational Therapist

Use your knowledge of affixes, prefixes, roots, and suffixes to define the words.

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READING 4104
LESSON 8
CHECKLIST

NAME: _____

DATE: _____

I. Check off each activity as you complete it.

	DATE COMPLETED
1. EXERCISE ONE	_____
2. EXERCISE TWO	_____
3. EXERCISE THREE	_____
4. EXERCISE FOUR	_____
5. EXERCISE FIVE	_____
6. EXERCISE SIX	_____
7. EXERCISE SEVEN	_____

II. COMMENTS

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LESSON 8
EXERCISE ONE

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FINAL REVIEW
PREDICTING

"Into the ambulance our fragile load, he's going to make it - we dare smile, cheating fate for a few more miles, till the run is over,, and the battle won."

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Explain the poetry:

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LESSON 8

LET'S REVIEW THE IMPORTANT CONCEPTS YOU HAVE LEARNED
WHILE STUDYING THE EMERGENCY CARE ATTENDANT READING MANUAL

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Discuss the importance of anticipation. Be sure to include the role prediction plays in context clues, context of phrases or paragraphs, studying a chapter or a reading and in drawing conclusions.

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WRITE YOUR OWN ECA POEM. TRY TO USE FIGURATIVE LANGUAGE OR TO PAINT PICTURES WITH WORDS.

ILLUSTRATE THE POEM.

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LESSON 8

EXERCISE ONE

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STUDYING VOCABULARY

EXPLAIN SEVERAL DIFFERENT METHODS FOR STUDYING VOCABULARY. BE SURE TO GIVE SOME EXAMPLES.

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METHOD: _____

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EXAMPLES: _____

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METHOD: _____

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EXAMPLES: _____

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METHOD: _____

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EXAMPLES: _____

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METHOD: _____

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EXAMPLES: _____

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HOW DO YOU PLAN TO DISCOVER THE MEANING OF THE NEXT WORD YOU DO NOT KNOW?

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LESSON 8

EXERCISE TWO

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READING RAPIDLY

COMPARE AND CONTRAST THE RAPID READING TECHNIQUES. BE SURE TO DEFINE SCANNING, SKIMMING AND PREVIEWING, TO GIVE EXAMPLES, AND TO DISCUSS WHEN TO USE THE SKILLS.

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LESSON 8

EXERCISE THREE

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APPLYING TO REAL-LIFE SITUATIONS

HOW WILL YOU USE WHAT YOU HAVE LEARNED ABOUT READING AND WRITING THIS SEMESTER WHEN YOU ARE NOT IN SCHOOL?

DESCRIBE THE IMPORTANCE OF PRACTICING READING AND WRITING FOR A LIFE-TIME.

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LESSON 8

EXERCISE FOUR

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COMPREHENSION IDEAS

DISCUSS LITERAL COMPREHENSION SKILLS. BE SURE TO INCLUDE ALL YOU HAVE LEARNED ABOUT THE TOPIC, MAIN IDEA, DETAILS, GETTING THE FACTS, FOLLOWING DIRECTIONS AND UNDERSTANDING THE SEQUENCE OF EVENTS. GIVE GOOD EXAMPLES FROM THE COURSE FOR EACH CONCEPT.

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WHAT IS MEANT BY MAKING INFERENCES IN CRITICAL COMPREHENSION?

DESCRIBE CAUSE AND EFFECT RELATIONSHIPS.

WHY SHOULD YOU BE AWARE OF THE AUTHOR'S PATTERNS OF ORGANIZATION, TONE, PURPOSE, OPINION AND FACTS.

HOW DO YOU FEEL ABOUT YOUR ABILITY TO ANALYZE RELATIONSHIP AND PROBLEM SOLVING SKILLS?

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LESSON 8

EXERCISE FIVE

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THINKING PRACTICE

WHICH THINKING PRACTICE ACTIVITIES HAVE YOU ENJOYED THE MOST FROM LESSONS 2-8? WHY?

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LESSON 8
EXERCISE SIX

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WRITING AND IMAGINING

Explain the importance of the sections that integrate the skills of writing and imagining in a reading course.

Which sections did you enjoy the most? Why?

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Create one section of your own called WRITING AND IMAGINING.

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LESSON 8
EXERCISE SEVEN

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Supplementary Readings
READING LOG

How has the individualized reading program improved your reading skill?

Describe your ability to summarize, select your own reading materials, respond with your opinions, and to write a diary of daily events.

How did discussions of weekly reading in the classroom help you to develop the skills of communication and peer interaction?

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How do you feel about your ability to combine Reading, Learning English as a Second Language and an Occupational Career Choice Course? Why?

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Compare and contrast your attitude toward reading and writing at the beginning and ending of this course.

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LESSON 8
FINAL EXERCISE

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Complete the assessment of skills.

Turn back to Lesson 1 and re-take the following tests:

Vocabulary Test
Sentence Reading
Reading Attitude Scale
Cloze Test (Comprehension)

Compare the pre-test scores to see how much you have progressed during the semester. Also take the Inventory of Basic Skills that follows:

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Final Test Assessment.

Name: _____

Date: _____

Name of Test: _____

Scores: _____

Name of Instructor: _____

****

Other Test Scores:

_____

_____

_____

Comments: _____

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Name: _____

Date: _____

Inventory of Basic Skills

Answer the following questions with Yes, No, or Maybe. Write the response in the blank.

How do you feel about your ability to:

_____ 1. Control accident scene to prevent further injuries.

_____ 2. Gain access to patients.

_____ 3. Evaluate accident scene effectively and quickly for cause and control for safety.

_____ 4. Obtain information from bystanders and the victim(s).

_____ 5. Perform quick, effective primary and secondary patient surveys.

_____ a) patient interview

_____ b) triage at multiple-victim emergencies

_____ 6. Determine diagnostic signs and relate to emergency care injuries or illnesses.

_____ 7. Perform ABCB's

A - Assess for open airway.
B - Breathe if patient is breathless.
C - Circulate if patient's is pulseless.
B - Bleeding control.

_____ 8. Detect for shock.

_____ 9. Detect and care for soft tissue and internal injuries (basic dressing and bandaging techniques).

_____ 10. Detect and care for open and closed fractures, sprains, strains, and dislocations (cold-treatment and basic splinting).

_____ 11. Detect and care for poisoning (alcohol and drug abuse).

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_____ 12. Detect and care for heart attack, stroke, diabetic coma, insulin shock, epileptic or other seizures.

_____ 13. Detect and care for facial and cranial injuries, neck and spinal injuries, chest injuries.

_____ 14. Detect and care for all degrees of burns and smoke inhalation.

_____ 15. Detect and care for exposure to heat, heat stroke (cramps/exhaustion) and cold (hypothermia/frostbite).

_____ 16. Assist in emergency childbirth and newborn care.

_____ 17. Psychological and emergency care to crisis victims (rape/child abuse).

_____ 18. Perform a proper Transportation Technique.

_____ NUMBER RATED YES

_____ NUMBER RATED MAYBE

_____ NUMBER RATED NO

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END OF SEMESTER

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Dear Student,

Working with you during the semester has been a pleasure. I know that you have strengthened your reading skills and have learned many new techniques for the development of proficiency in vocabulary, comprehension and reading rates.

Remember to communicate with me about your future progress. I hope that you will continue to enjoy reading for pleasure and for a life-time of enriching experience.

You are fortunate to have discovered the treasured keys that unlock the thoughts of any author from the past, present, or future through the exciting medium of the printed page.

Best Wishes,

Your Instructor

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APPENDIX

OF

HANDOUTS

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TEXAS DEPARTMENT OF HEALTH
EMS AMBULANCE ACTIVITY REPORTS

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PLEASE PRESS PEN FIRMLY

texas EMS emergency medical services

TEXAS DEPARTMENT OF HEALTH
EMS AMBULANCE ACTIVITY REPORT

#331526 Patient ___ of ___

Firm Name: TDH Firm #- _____ Veh/Unit # _____

Date: ___/___/___ Incident # _____ Pick Up Location _____

Dist./Sta. # ___ City/State: _____ Zip Code: _____ Location Type: 1-Rural 2-City

Ambulance Requested By: 1-Police 2-Fire 3-Rescue 4-Individual 5-Physician 6-Other 7-SNETS

Type of Run: 1-Emergency 2-Emerg. Transfer 3-Transfer 4-No Transport 5-False Alarm 6-Cancelled 7-Treatment, No Transport

Patient Name: _____ Address: _____ City/State: _____

Sex: 1-Male 2-Female D.O.B. ___/___/___ Age: ___ Medicare/SSN: ___-___-___-___

Medicaid No: ___-___-___ Responsible Party: _____ Relationship: _____

Address: _____ City/State: _____ Zip Code: _____

Incident Time	Call Received	Amb. Dispatched	Arrived Scene	Departed Scene	Arrived Dest.	Return to Svc.
___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.

Response Code: To ___ From ___ B.P. ___ Pulse ___ Resp. ___ Time ___

Miles: To ___ From ___ B.P. ___ Pulse ___ Resp. ___ Time ___

Consciousness: 1-Con 2-Semi 3-Unc Bleeding: 1-Non 2-Min 3-Mod 4-Sev Pain: 1-Non 2-Min 3-Mod 4-Sev

Pupils: 1-Eq 2-Uneq 3-Constr 4-Dilated 5-Non-Reactive Breathing: 1-Nor 2-Rapid/Shallow 3-Lab 4-Abs

Severity Assessment: 1-Non-Urg 2-Urg 3-Crit 4-Apparent DOS Medical Direction via 2-Way Radio: 1-Yes 2-No

Communications: To Dispatcher: 1-Good 2-Poor 3-None To Hospital: 1-Good 2-Poor 3-None

Patient Delivered To: _____ 1-ED (Case No. _____)
2-Hosp. Critical Care Unit 3-O.P.D. 4-Hosp. Bed 5-Nursing Home 6-Residence 7-Other Med. Fac. 8-Other

Patient Complaints: _____

Injury/Illness Description: _____

INJURY

Probable Cause	Type of Injury	Location
1 - Auto	1 - Burn	1 - Abdomen
2 - Motorcycle	2 - Fracture/Dislocation	2 - Arm
3 - Bicycle	3 - Laceration/Penetration	3 - Back
4 - Pedestrian	4 - Internal	4 - Chest
5 - Industrial	5 - Drowning/Suffocation/Choking	5 - Eye
6 - Alcohol	6 - Drug Overdose/Poison	6 - Face
7 - Drug Overdose/Poison	7 - Acute Alcohol Intox	7 - Foot
8 - Recreational	8 - Spine/Brain	8 - Hand
9 - Violence/Assault	9 - Scrape/Bruise/Cuts	9 - Head
10 - Gunshot	10 - Sprain/Strain	10 - Leg
11 - Stabbing	11 - Multiple (Specify above & indicate two most serious)	11 - Neck
12 - Fall		12 - Pelvis/Hip
13 - Other _____	12 - Other _____	13 - Shoulder

ILLNESS

Suspected Illness/Symptoms
1 - Heart Complication
2 - Stroke/CVA (Cerebro-Vascular)
3 - Infectious Disease
4 - Convulsions/Seizures
5 - Fainting
6 - Diabetic Complication
7 - High Risk Infant (Neo-Natal)
8 - Obstetrical/Gynecological
9 - Respiratory Distress
10 - Emotional/Mental Distress
11 - Gastro - Intestinal
12 - Allergic Reaction
13 - Other _____

AID PROVIDED BY AMBULANCE CREW

Aid provided prior to arrival? 1-No 2-Yes, Police 3-Yes, Fire 4-Yes, Rescue 5-Yes, Other _____

Vehicle Extrication required at scene? 1-Yes 2-No

Basic Care	Basic Life Support		Advanced Life Support
1 - Bandaging	8 - Suction	15 - Airway Maintenance	18 - Intubation*
2 - Splinting	9 - Oxygen	16 - Assisted Breathing	19 - EKG/Telemetry*
3 - Traction	10 - C.P.R.	17 - Shock Management	20 - Defibrillation*
4 - Psych Assistance	11 - Burn Cooled/Dressed		21 - I.V. Therapy
5 - Minor Bleeding Controlled	12 - Neck/Spine Immobilized		22 - Medication Administered*
6 - Transport Only	13 - Emergency Childbirth		*Details on back of 1st page
7 - Other _____	14 - Major Bleeding Controlled		

REMARKS: _____

Driver: _____ # ___ Training Level ___ 1-RC 2-ECA 3-EMT 4-PARA 5-LVN 6-RN 7-EMT/SS I 8-EMT/SS II

Attendant: _____ # ___ Training Level ___ 1-RC 2-ECA 3-EMT 4-PARA 5-LVN 6-RN 7-EMT/SS I 8-EMT/SS II

AMBULANCE FIRM COPY

☐ Patient Refused Ambulance Transportation

DEFINITIVE THERAPY

Drugs that Patient is now taking:	Time	Dosage

Skin Moisture	Skin Color	Skin Temp	Victim Status	
1 - Normal	1 - Normal	1 - Normal	1 - Conscious	5 - Hemorrhaging
2 - Dry	2 - Cyanotic	2 - Hot	2 - Disoriented	6 - Vomiting
3 - Moist	3 - Pale, Ashen	3 - Cool or Cold	3 - Unconscious	
	4 - Flushed		4 - Convulsing	

I.V. FLUIDS & MEDICATION

Time	Type	Dosage	Route	Rate

INTUBATION

Endotracheal: 1 - Easy 2 - Difficult 3 - Traumatic 4 - Unsuccessful Number of Attempts: _____

Esophageal: 1 - Easy 2 - Difficult 3 - Traumatic 4 - Unsuccessful Number of Attempts: _____

CARDIAC MONITORING

Type of Rhythm	Time	Rate
Sinus Rhythm		
Supraventricular Arrhythmias		
Ventricular Arrhythmias		
Asystole		

DEFIBRILLATION

Number of Attempts: _____ Dosage Watt-Sec: _____ 1 - Successful 2 - Unsuccessful

Attending Physician's Name: _____

Yo me he negado ha aceptar transportacion en ambulancia hoy
I have refused an offer of ambulance transportation on this date ____/____/____

Signature: _____ Time: _____ am pm
Patient and/or Responsible Party refused to sign this refusal statement. Date ____/____/____

Time: _____ am pm Signature of Attendant making offer: _____

Statement of Medical Necessity for movement of patient by ambulance:

_____

_____

Signed: _____ Title: _____ (Authorized Personnel at receiving Facility)

Transportation Charge: _____

texas EMS emergency medical services

TEXAS DEPARTMENT OF HEALTH
EMS AMBULANCE ACTIVITY REPORT

331526

Patient ___ of ___

Firm Name:

TDH Firm # ___ Veh/Unit # ___

Date: ___/___/___ Incident # _____ Pick Up Location _____

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Sex: 1-Male 2-Female Age: ___

Incident Time	Call Received	Amb. Dispatched	Arrived Scene	Departed Scene	Arrived Dest.	Return to Svc.
___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.

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Miles: To ___ From ___ B.P. ___ Pulse ___ Resp. ___ Time ___

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Pupils: 1-Eq 2-Uneq 3-Constr 4-Dilated 5-Non-Reactive | Breathing: 1-Nor 2-Rapid/Shallow 3-Lab 4-Abs

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5 - Industrial	5 - Drowning/Suffocation/Choking	5 - Eye
6 - Alcohol	6 - Drug Overdose/Poison	6 - Face
7 - Drug Overdose/Poison	7 - Acute Alcohol Intox	7 - Foot
8 - Recreation	8 - Spine/Brain	8 - Hand
9 - Violence/Assault	9 - Scrape/Bruise/Cuts	9 - Head
10 - Gunshot	10 - Sprain/Strain	10 - Leg
11 - Stabbing	11 - Multiple (Specify above & indicate two most serious)	11 - Neck
12 - Fall		12 - Pelvis/Hip
13 - Other _____	12 - Other _____	13 - Shoulder

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3 - Infectious Disease
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5 - Fainting
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7 - High Risk Infant (Neo-Natal)
8 - Obstetrical/Gynecological
9 - Respiratory Distress
10 - Emotional/Mental Distress
11 - Gastro - Intestinal
12 - Allergic Reaction
13 - Other _____

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Aid provided prior to arrival? 1-No 2-Yes, Police 3-Yes, Fire 4-Yes, Rescue 5-Yes, Other _____

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2 - Splinting	9 - Oxygen 16 - Assisted Breathing	19 - EKG/Telemetry*
3 - Traction	10 - C.P.R. 17 - Shock Management	20 - Defibrillation*
4 - Psych Assistance	11 - Burn Cooled/Dressed	21 - I.V. Therapy
5 - Minor Bleeding Controlled	12 - Neck/Spine Immobilized	22 - Medication Administered*
6 - Transport Only	13 - Emergency Childbirth	*Details on back of 1st page
7 - Other _____	14 - Major Bleeding Controlled	

REMARKS: _____

Driver: _____ # ___ Training Level ___ 1-RC 2-ECA 3-EMT 4-PARA 5-LVN 6-RN 7-EMT/SS I 8-EMT/SS II

Attendant: _____ # ___ Training Level ___ 1-RC 2-ECA 3-EMT 4-PARA 5-LVN 6-RN 7-EMT/SS I 8-EMT/SS II

TEXAS DEPARTMENT OF HEALTH COPY

☐ Patient Refused Ambulance Transportation

texas EMS emergency medical services

TEXAS DEPARTMENT OF HEALTH
EMS AMBULANCE ACTIVITY REPORT

331526

Patient ___ of ___

Firm Name:

TDH Firm #- ____ Veh/Unit # ____

Date: ___/___/___ Incident # _____ Pick Up Location _____

Dist./Sta. # ____ City/State: _____ Zip Code: _____ Location Type: 1-Rural 2-City

Ambulance Requested By: 1-Police 2-Fire 3-Rescue 4-Individual 5-Physician 6-Other 7-SNETS

Type of Run: 1-Emergency 2-Emerg. Transfer 3-Transfer 4-No Transport 5-False Alarm 6-Cancelled 7-Treatment, No Transport

Patient Name: _____ Address: _____ City/State: _____

Sex: 1-Male 2-Female D.O.B. ___/___/___ Age: ____ Medicare/SSN: ___-___-___-___

Medicaid No: ___-___-___ Responsible Party: _____ Relationship: _____

Address: _____ City/State: _____ Zip Code: _____

Incident Time	Call Received	Amb. Dispatched	Arrived Scene	Departed Scene	Arrived Dest.	Return to Svc.
___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.

Response Code: To ___ From ___ B.P. ___ Pulse ___ Resp. ___ Time ___

Miles: To ___ From ___ B.P. ___ Pulse ___ Resp. ___ Time ___

Consciousness: 1-Con 2-Semi 3-Unc Bleeding: 1-Non 2-Min 3-Mod 4-Sev Pain: 1-Non 2-Min 3-Mod 4-Sev

Pupils: 1-Eq 2-Uneq 3-Constr 4-Dilated 5-Non-Reactive Breathing: 1-Nor 2-Rapid/Shallow 3-Lab 4-Abs

Severity Assessment: 1-Non-Urg 2-Urg 3-Crit 4-Apparent DOS Medical Direction via 2-Way Radio: 1-Yes 2-No

Communications: To Dispatcher: 1-Good 2-Poor 3-None To Hospital: 1-Good 2-Poor 3-None

Patient Delivered To: _____ 1-ED (Case No. _____)

2-Hosp. Critical Care Unit 3-O.P.D. 4-Hosp. Bed 5-Nursing Home 6-Residence 7-Other Med. Fac. 8-Other

Patient Complaints: _____

Injury/Illness Description: _____

INJURY

Probable Cause	Type of Injury	Location
1 - Auto	1 - Burn	1 - Abdomen
2 - Motorcycle	2 - Fracture/Dislocation	2 - Arm
3 - Bicycle	3 - Laceration/Penetration	3 - Back
4 - Pedestrian	4 - Internal	4 - Chest
5 - Industrial	5 - Drowning/Suffocation/Choking	5 - Eye
6 - Alcohol	6 - Drug Overdose/Poison	6 - Face
7 - Drug Overdose/Poison	7 - Acute Alcohol Intox	7 - Foot
8 - Recreational	8 - Spine/Brain	8 - Hand
9 - Violence/Assault	9 - Scrape/Bruise/Cuts	9 - Head
10 - Gunshot	10 - Sprain/Strain	10 - Leg
11 - Stabbing	11 - Multiple (Specify above & indicate two most serious)	11 - Neck
12 - Fall		12 - Pelvis/Hip
13 - Other _____	12 - Other _____	13 - Shoulder

ILLNESS

Suspected Illness/Symptoms
1 - Heart Complication
2 - Stroke/CVA (Cerebro-Vascular)
3 - Infectious Disease
4 - Convulsions/Seizures
5 - Fainting
6 - Diabetic Complication
7 - High Risk Infant (Neo-Natal)
8 - Obstetrical/Gynecological
9 - Respiratory Distress
10 - Emotional/Mental Distress
11 - Gastro - Intestinal
12 - Allergic Reaction
13 - Other _____

AID PROVIDED BY AMBULANCE CREW

Aid provided prior to arrival? 1-No 2-Yes, Police 3-Yes, Fire 4-Yes, Rescue 5-Yes, Other _____

Vehicle Extrication required at scene? 1-Yes 2-No

Basic Care	Basic Life Support	Advanced Life Support
1 - Bandaging	8 - Suction 15 - Airway Maintenance	18 - Intubation*
2 - Splinting	9 - Oxygen 16 - Assisted Breathing	19 - EKG/Telemetry*
3 - Traction	10 - C.P.R. 17 - Shock Management	20 - Defibrillation*
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PATIENT'S HOSPITAL RECORD

☐ Patient Refused Ambulance Transportation

texas EMS emergency medical services

TEXAS DEPARTMENT OF HEALTH
EMS AMBULANCE ACTIVITY REPORT

331526 Patient ___ of ___

Firm Name: TDH Firm # ___ Veh/Unit # ___

Date: ___/___/___ Incident # ___ Pick Up Location ___

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Sex: 1-Male 2-Female Age: ___

Incident Time	Call Received	Amb. Dispatched	Arrived Scene	Departed Scene	Arrived Dest.	Return to Svc.
___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.	___ a.m. p.m.

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13 - Other ___	12 - Other ___	13 - Shoulder

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DELIVER TO EMERGENCY DEPARTMENT PERSONNEL

☐ Patient Refused Ambulance Transportation

_____ H *

_____ F *

_____ R *

For Office Use Only

EMERGENCY MEDICAL SERVICES
HOSPITAL ACTIVITY REPORT

Date ____/____/____ Hospital Name _____

Emergency Dept. Case No. |_|_|_|_|_|_|_| Sex: 1 - Male 2 - Female Age: |_|_|_|

Emergency Dept. Arrival Time |_|_|_|_| am pm Time Received Initial Treatment at Emergency Dept. |_|_|_|_| am pm

Initial Emergency Dept. Treatment Rendered By 1 - Physician 2 - R.N. 3 - LVN 4 - Ambulance Attendant 5 - Other

HOSPITAL INJURY/ILLNESS EVALUATION

1 - Non-Urgent 2 - Urgent 3 - Critical 4 - Dead-on-Arrival

INJURY/ILLNESS DESCRIPTION

_____

_____

_____

INJURY

Type of Injury

1 - Burn
2 - Fracture/Dislocation
3 - Laceration/Penetration
4 - Internal
5 - Drowning/Suffocation/Choking
6 - Drug Overdose/Poison
7 - Acute Alcohol Intoxication
8 - Spine/Brain
9 - Scrape/Bruise/Cuts
10 - Sprain/Strain
11 - Other (Specify): _____

Location

1 - Abdomen
2 - Arm
3 - Back
4 - Chest
5 - Eye
6 - Face
7 - Foot
8 - Hand
9 - Head
10 - Leg
11 - Neck
12 - Pelvis/Hip
13 - Shoulder

ILLNESS

Type of Illness

1 - Heart Complication
2 - Stroke/CVA (Cerebro-Vascular)
3 - Infectious Disease
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6 - High Risk Infant (Neo-Natal)
7 - Obstetrical/Gynecological
8 - Respiratory Complication
9 - Emotional/Mental
10 - Gastro-Intestinal
11 - Allergic Reaction
12 - Genito–Urinary
13 - Other (Specify)

HOSPITAL DISPOSITION

1 - Admitted, General 2 - Admitted, Critical Care Unit 3 - Discharged 4 - Referred

5 - Transferred, General* 6 - Transferred, Critical Care* 7 - Died 8 - Refused Treatment 9 - Direct Admission

REMARKS _____

_____

_____

_____

*Indicate reason for Transfer and the Facility to which the patient was transferred in the Remarks section.

Complete and return to: Texas Department of Health
Emergency Medical Services Division
1100 West 49th Street
Austin, Texas 78756